

THURSTON COUNTY MEDIC ONE  
EMERGENCY MEDICAL SERVICES COUNCIL  
EMERGENCY SERVICES CENTER/EOC

**AGENDA**

October 15, 2014, **3:30 PM**

- I. CALL TO ORDER/ROLL CALL
- II. APPROVAL OF AGENDA
- III. PUBLIC PARTICIPATION -
- IV. REVIEW AND APPROVAL OF MINUTES
  - A. EMS Council - September 17, 2014 Mtg
  - B. Operations Committee - Informational Only – October 2, 2014 Mtg
- V. COMMITTEE REPORTS
  - A. Operations Committee – Ops Chair or Representative
  - B. West Region EMS Council – WREMS Representative
  - C. Staff Report – Romines

VI. OLD BUSINESS

	ITEM	PRESENTER	EXPECTED OUTCOME
A.	TRPC Study Prioritization Update	Romines	Information
B.	Budget enhancement request BOCC response	Romines	Update

OLD BUSINESS - ISSUES & ACTIONS PENDING

VII. NEW BUSINESS

	ITEM	PRESENTER	EXPECTED OUTCOME
A.	Cardiac Resuscitation and stroke program update	Hambly/ Dr Fontanilla	Information
B.	Tablet Use	Romines	Training
C.	LFD3 requesting analysis for base station move of M/3 from 3-1 to 3-3	Romines	Information
D.	November 19/December 17 meetings	McPhee	Discussion
E.	Law Enforcement AED's feasibility study	Wright	Accept/Reject

- VIII. PUBLIC PARTICIPATION
- IX. GOOD OF THE ORDER
- X. ADJOURNMENT

**Thurston County Medic One  
Emergency Medical Services Council – Regular Meeting  
Emergency Operations Center/ECC  
September 17, 2014**

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**PRESENT:** Margaret McPhee, Dr. Tom Fell, Lenny Greenstein, Karen Valenzuela, John Ricks, Roger McMaster, Greg Wright, Frank Kirkbride, John Christiansen, Stan Moon, Rena Merithew

**EXCUSED:** M. John Way, Russ Hendrickson, Dr. Fontanilla

**GUESTS:** Terry Ware, Tony Kuzma, Steve Brooks, Alex Christiansen

**STAFF:** Steve Romines, Fay Flanery

- I. **CALL TO ORDER/ROLL CALL** – Chairman McPhee called the regular meeting of the Emergency Medical Services Council (EMSC) to order at 3:30 PM. Roll was recorded by staff.
- II. **APPROVAL OF AGENDA – MSC** (Greenstein/McMaster) move to approve amended agenda.
- III. **PUBLIC PARTICIPATION** – None.
- IV. **REVIEW AND APPROVAL OF MINUTES**
  - A. EMS COUNCIL – August 20, 2014 Mtg. Cancelled/July 16, 2014 – **MSC** (Moon/Greenstein) move to approve with correction of Item VII New Business 2015 Budget “\$68,000 less than last years’ budget”.
  - B. OPERATIONS COMMITTEE – September 4, 2014 Mtg. Cancelled/ August 7, 2014. (Informational Only)
- V. **COMMITTEE REPORTS**
  - A. OPERATIONS COMMITTEE – Wright reported no September 2014 meeting but did meet in August. At the August meeting we reviewed the surplus vehicles and did some data review.
  - B. WEST REGION EMS COUNCIL– Romines reported WREMS is seeking approval of renewal members from EMS Council tonight with nothing else to report.
  - C. STAFF REPORT– Romines highlight on the staff report included in the packet;
    - Medic One 40<sup>th</sup> Anniversary event was a success with over 100 in attendance. In addition, Chair McPhee presented Dr. Fell with a Lifetime achievement award for his dedication and contribution to the system. Romines added, knives were handed out to certified personnel as a thank you and clocks were given to agencies. He continued to report that the total event came in under budget by \$108.00.
    - WATRAC updates are taking place, where it provides information on beds availability to emergency responders to help responders know where to take patients.
    - We had 2 CPR Instructor orientations and Preston Wallace is our new CPR Outreach Coordinator, we have trained 1,431 high school students in the 2013/2014 school year.
    - Public budget hearings will take place October 6, 2014 at 5:30 PM.
    - The fall EMT class is underway with 27 students.
- VI. **OLD BUSINESS –**
  - A. TRPC Study Prioritization Update - Romines gave an overview of the prioritization exercise conducted at the last EMS Council meeting expanding on the GANTT chart and the additions he made to it detailing staff work and timelines associated with completing the tasks. Extensive discussion followed.
  - B. Budget enhancement request BOCC response – Chair McPhee noted the discussion took place under staff report above. Committee discussion followed with discussion requesting the financial support being labeled an entitlement in the future and not an enhancement. Romines expanded indicating the budget for 2015 may have a shortfall because no increase was added for the ALS contracts.
- VII. **NEW BUSINESS –**
  - A. Tablet use – Romines briefly gave an overview of the tablets and how EMS Council can access the agendas, minutes and meeting packet data. He added a training lesson on how to send data from the tablets is coming in the future.
  - B. WREMS Council Fire Chief Representative – Romines presented Steve Brooks application for renewal to the WREMS Council. **MSC** (Greenstein/McMaster) move to approve
  - C. WREMS Council Prevention Representative – Romines presented Darrol Steiners application for renewal to the

- WREMS Council. **MSC** (Kirkbride/Greenstein) move to approve
- D. WREMS Council Private Ambulance Representative – Romines presented Mary Campbells application for renewal to the WREMS Council. **MSC** (Kirkbride/Wright) move to approve

**VIII. PUBLIC PARTICIPATION – None**

**IX. GOOD OF THE ORDER –**

**X. ADJOURNMENT – MSC** Meeting adjourned at 4:42 PM.

## EMS Council meeting

Medic One/EMS, Staff Report, October 2014

EMS System Operational Review, TRPC as Process Project Manager, proposed at July meeting, recommending contract to BOCC. Signed by BOCC September 25, TRPC initiating, last session 12/19, contacting Chiefs/Com, Report 6/19 EMS Council meeting 3:30, presented, to EMS community for comment. Presentations: EMSC 6/19, Fire Commissioner/Chiefs Assoc 7/16, BOCC 8/7 (Medic One website, System Reports), comments due, EMS Council accepts 9/18, to BOCC, Steering Committee (expanded) working, EMSC agenda/minutes recommendation 4.4 approved to staff on website; Governance recommendation 4.3.1 approved by BOCC. BOCC appoints new/vacant EMSC Citizen members (Dr Tom Fell, countywide MD rep, Rena Merithew BOCC 1 rep). Steering Committee report to EMS Council, projects prioritized at July meeting, reviewed at September meeting, **action for October?**

WREMS Council reps reappointment: Steve Brooks, Fire Chiefs; Darrol Steiner, Prevention; Mary Campbell, PreHospital.

Meeting tablets arrive for electronic meetings, setting up/training for Sept EMS Council, Operations Committee.

CPR Outreach Coordinator hired, half time, started June 24, Preston Wallace, Paramedic/CPR-I, LFD3.  
HS CPR program, 1,431 students trained since Jan 1, 2014. 14-2 CPR-Instructor orientation held 8/27, 12 additional.

### Ebola planning initiated.

Protocol update being scheduled.

Special Projects applications, processing, to Ops, to EMS Council approved. Surplus Vehicle applications due 7/1/14, to Ops for prioritizing.

2015 Budget drafted by staff and budget committee, presenting to EMSC, 7/16 meeting, Status quo budget being recommended, targeting zero increase, EMS Council recommends \$1,000 per agency enhancement, to BOCC, rejected, **Fire Commissioners Assoc to request reconsideration at budget hearing.** 2014 Business plan Q2 report on website. Website updated for plan, agendas, minutes, bylaws, members, completed.

Medic hiring and oral exams. **Oct 7, 2014, written exam 16 tested, 6 passed, 5 to retake oral plus 6 new, 11 testing, 2 on list.** May 2014 exam completed, 27 apps + 4 oral board, written May 6=8pass, 12 to Oral May 7/14, 8 on list.

NurseLine Criteria Based Dispatch Program, started December 11, 8AM, calls routed to Evergreen Hospital "Healthline," contract completed, implemented: 15 in August 2003, 14 September, 15 October, 15 November, 16 December, 11 January 2004, 13 February, 11 March, 8 April, 11 May, 7 June, 11 July, 8 Aug, 12 Sept, 8 Oct, 8 Nov, 13 Dec, 11 Jan 2005, 13 Feb, 12 Mar, 10 Apr, 11 May, 10 June; 11 July; 6 Aug; 4 Sept; 9 Oct; 5 Nov; 12 Dec; 14 Jan 2006; 11 Feb; 4 Mar; 14 Apr; 4 May; 9 June; 9 July; 11 Aug; 8 Sep; 7 Oct; 15 Nov; 6 Dec; 10 Jan; 12 Feb; 13 Mar; 7 Apr; 20 May; 15 June; 18 July; 10 Aug; 13 Sept; 8 Oct; 15 Nov; 11 Dec; Jan '08 11, 15 Feb, 10 Mar, 12 Apr, 14 May, 11 June, 14 July, 15 Aug; 22 Sept; 11 Oct; 14 Nov; 7 Dec. 5 Jan '09, 7 Feb, 6 Mar, 17 Apr, 7 May; 10 Jun; 17 Jul; 7 Aug; 10 Sep; 11 Oct; 15 Nov; 14 Dec; 11 Jan 2010; 7 Feb; 14 Mar; 10 Apr; 10 May, 16 Jun, 21 Jul, 18 Aug, 23 Sep, 14 Oct, 10 Nov, 16 Dec; 11 Jan 2011, Feb 15, Mar 24, Apr 19, May 20, Jun 10, Jul 21, Aug 14, Sep 17, Oct 15, Nov 10, Dec 21; 12 Jan 23, Feb 16, Mar 17, Apr 18, May 19, Jun 14, Jul 9 Aug 25, Sep 16, Oct 13, Nov 14, Dec 16; Jan 13, Feb 9, Mar 9, Apr 14, May 5, June 14, July 10, Aug 12, Sep 11, Oct 27, Nov 17, Dec 12; **14 Jan 16, Feb 11, Mar 13, Apr 9, May 14, Jun 17, Jul 16, Aug 10** Total to date= **1,695/132** (avg 12.8/month) Rate \$17.05/call

EMS Data 2013 (TCOMM source), 26,570 system call volume +558 calls, +2.1% (2012 data volume 26,012). ALS response time 7.6 minutes average countywide, 93% goals achieved, call volume 8,327, -349 calls, responses -4.0% (2012 response time 7.2 minutes, 94% of goals, 8,676 responses). BLS call volume 18,243, +907, +5.2% (2012 17,336) Countywide BLS average response time 6.7 minutes, all BLS. BLS TCOMM Data Warehouse report, final draft to Chiefs Association then Ops Committee, to Chiefs Assoc, approved to Ops, Ops approved, to EMSC 9/18> to 10/16 approved, posted on website, reports updated for 2013 to website.

**BLS data system, equipment received.** HIPAA Business Associate agreements to be developed. Roll out started with LFD3 (due to troubleshooting proximity to M1 office) **then to FD# 12** (initial pilot), **training restarted** (*Strategic area*)

WATRAC Advisory Group member added, meeting 9/9, planning sessions next 5/16, **next regular meeting 12/1**

**TRAINING:** average pass rate NR EMT exam = national 79%, WA state 85%, WR 90%, CR 93%, TC 93%  
*First Responder Course, 2012?*

EMT Course 14-1 scheduled, Station 9-5, closes 2/12, course completed, 30 enrolled, 27 Grads

**EMT Course 14-2 scheduled, Station 9-5, 27 enrolled, course started 8/27**

CPR Instructor workshop I completed June 30, workshop II completed 8/27.

**NIMS online training available** at <http://training.fema.gov/EMIweb/IS/is700.asp>

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## TRPC Steering Committee projects GANTT Priority

6A

Category	section	task	voting scores	time	consultant	EMSC Priority	Staff recommendation	Project group
<b>Funding</b>	1.9.1	BLS analysis	11	13	Y		1	A
<b>Funding</b>	1.10.2	Leg levy increase	8	12	Y		4	retreat
<b>Performance</b>	3.5.2	EMS (BLS) service demand	8	8	Y		2	B
<b>Performance</b>	3.1.1	Other EMS benchmarks	7	13	Y		5	B
<b>Performance</b>	3.5.1	BLS data interoperability	7	19	N		3	B
<b>Governance</b>	4.2.1	Stakeholder trust	7	13	Y		6	retreat
<b>Funding</b>	1.10.1	Funding priorities	6	6	N		8	C
<b>Performance</b>	3.4.1	Viewer friendly data	6	5	Y		7	B
<b>Planning</b>	5.1.3	Levy lid lift options	6	5	?		9	C
<b>Funding</b>	1.4.1	ALS personnel cost	4	8	N		10	as possible
<b>EMS Model</b>	2.6.1	Visit EMS systems	3	18	Y		12	as possible
<b>Planning</b>	5.1.1	Consolidate plans	3	6	N		11	as possible
<b>Planning</b>	5.1.2	Planning process	3	12	N		13	as possible
<b>Funding</b>	1.7.1	Levy campaign	2	18	N		15	as possible
<b>Funding</b>	1.8.1	Reserve account	2	4	N		14	as possible
<b>EMS Model</b>	2.2.1	Rural response options	2	13	N		16	as possible
<b>Governance</b>	4.3.1	Amend EMSC members		4	N		complete	
<b>Governance</b>	4.3.2	Rural member fill		4	N		complete	
<b>Governance</b>	4.4.1	Website agenda, minutes		5	N		complete	



## TRPC Steering Committee projects GAN

Category	section	task	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15
<b>Funding</b>	1.9.1	BLS analysis		S												E	EE
<b>Performance</b>	3.5.2	EMS (BLS) service demand				S								E			
<b>Performance</b>	3.5.1	BLS data interoperability														E	
<b>Funding</b>	1.10.2	Leg levy increase															
<b>Performance</b>	3.1.1	Other EMS benchmarks							S								
<b>Governance</b>	4.2.1	Stakeholder trust							S								
<b>Performance</b>	3.4.1	Viewer friendly data					S						E				
<b>Funding</b>	1.10.1	Funding priorities										S					E
<b>Planning</b>	5.1.3	Levy lid lift options															
<b>Funding</b>	1.4.1	ALS personnel cost													S		
<b>EMS Model</b>	2.6.1	Visit EMS systems															SI
<b>Planning</b>	5.1.1	Consolidate plans															
<b>Planning</b>	5.1.2	Planning process		E													
<b>Funding</b>	1.7.1	Levy campaign															
<b>Funding</b>	1.8.1	Reserve account			E												
<b>EMS Model</b>	2.2.1	Rural response options															
<b>Governance</b>	4.3.1	Amend EMSC members															
<b>Governance</b>	4.3.2	Rural member fill															
<b>Governance</b>	4.4.1	Website agenda, minutes															
		EE extended end date							#								
		Consultant	0	1	1	1	2	3	5	5	5	5	4	4	3	3	4
		staff	3	2	1	1	1	1	1	0	0	1	2	2	3	3	2
		total	3	3	2	2	3	4	6	5	5	6	6	6	6	6	6

## TRPC Steering Committee projects GAN

Category	section	task	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
<b>Funding</b>	1.9.1	BLS analysis														
<b>Performance</b>	3.5.2	EMS (BLS) service demand														
<b>Performance</b>	3.5.1	BLS data interoperability														
<b>Funding</b>	1.10.2	Leg levy increase														
<b>Performance</b>	3.1.1	Other EMS benchmarks				E										
<b>Governance</b>	4.2.1	Stakeholder trust				E										
<b>Performance</b>	3.4.1	Viewer friendly data														
<b>Funding</b>	1.10.1	Funding priorities														
<b>Planning</b>	5.1.3	Levy lid lift options		S				E								
<b>Funding</b>	1.4.1	ALS personnel cost					E	?								
<b>EMS Model</b>	2.6.1	Visit EMS systems						E	SII							
<b>Planning</b>	5.1.1	Consolidate plans					S					E				
<b>Planning</b>	5.1.2	Planning process														
<b>Funding</b>	1.7.1	Levy campaign														
<b>Funding</b>	1.8.1	Reserve account														
<b>EMS Model</b>	2.2.1	Rural response options	S												E	
<b>Governance</b>	4.3.1	Amend EMSC members														
<b>Governance</b>	4.3.2	Rural member fill														
<b>Governance</b>	4.4.1	Website agenda, minutes														
		EE extended end date														
		Consultant	3	3	3	3	1	1	1	1	1	1	1	1	1	1
		staff	2	3	3	3	4	4	2	2	2	2	1	1	1	0
		total	5	6	6	6	5	5	3	3	3	3	2	2	2	1



**Thurston County Medic One  
EMS Council  
Steering Committee Recommendations  
June 10, 2014**

The Board of County Commissioners contracted with Thurston Regional Planning Council (TRPC) to conduct an independent study of the Thurston County Medic One/EMS System. TRPC was tasked to assess the system and identify issues and opportunities that could enhance the provision of EMS in Thurston County. TRPC published a final version of the report September 18, 2013.

The EMS Council's Steering Committee was charged with evaluating each of the nineteen recommendations in the TRPC study against the priority of each task, develop methods to implement, identify the resources needed to implement the recommendations within identifiable time frames.

TRPC forecasts that there will be approximately 112,455 new Thurston County residents by 2035. Emergency medical services will be impacted by the increased population, a changing demographic, and the evolving medical service regulations. It is timely to address the various recommendations as Medic One develops plans to meet the challenges of the next twenty years. A new Thurston County Medic One strategic plan for the future is envisioned as the result of the recommended actions.

Under the direction of the EMS Council the Steering Committee will provide oversight and management of the recommended processes.

## **FUNDING**

### **Section 1.4.1**

TRPC Recommendation:

*TC Medic One staff and the ALS contract agencies should closely monitor system costs, maintain a dialog, and develop a long-term strategy to manage EMS provider personnel costs.*

Steering Committee Recommendation:

EMS Council to form a subcommittee that includes the contract agencies, three non-contract fire service agencies and three citizens at large. The subcommittee will undertake a comprehensive review of costs and funding concepts as part of a long term plan and develop a cost management strategy to equate anticipated cost to anticipated revenues under various funding scenarios.

Target Completion Date: March 2016

Objective:

Assure or verify that the funds are available to both Medic One and its ALS service agencies will be adequate as the population grows and changes its medical needs.

### **Section 1.7.1**

TRPC Recommendation:

*To help meet rising expenditures, a levy lid lift campaign to restore the original levy rate should be pursued before 2017.*

Steering Committee Recommendation:

See recommendation 5.1.3.

**Section 1.8.1**TRPC Recommendation:

*The EMS Council should consider establishing a long-term contingency reserve account.*

Steering Committee Recommendation:

EMS Council adopt a policy to create a long-term contingency reserve account. Other reserve accounts, such as funds for system expansion, should be considered. EMS Council's Budget Committee to identify the appropriate funds for reserve account to meet the adopted policies.

Target Completion Date: 2014 Budget Adoption

Objective:

Establishment of a clear budget policy on the establishment, maintenance, funding level, and use of a reserve account for contingency operations and expenditures.

**Section 1.9.1**TRPC Recommendation:

*The region's EMS participants should develop a countywide framework for evaluating present and future BLS demand and service capacity to better understand the overall financial and operational impacts to the EMS system.*

Steering Committee Recommendation:

EMS Council form a subcommittee and recommend that the Thurston County Board of County Commissioners contract with TRPC to gather and analyze the BLS data and project future BLS demand and capacity. The subcommittee will include members from the Thurston County Fire Chiefs Association, Operations Committee and staff.

Target Completion Date: May 2015 for data gathering and analysis and May 2016 for future BLS demand and service capacity analysis.

Objective:

Generation of clear information on how the fire protection district operations that are challenged by diminishing revenues are meeting the system's needs. Comprehensive information focused at identifying EMS service challenges in rural communities that could threaten the efficacy of the Thurston County EMS System.

**Section 1.10.1**TRPC Recommendation:

*The EMS Council should establish clear funding priorities for TC Medic One programs.*

Steering Committee Recommendation:

EMS Council's Budget Committee to develop recommendations that are based on current and new programs as they are evaluated, prioritized and adopted by the EMS Council. In conjunction with Recommendation 1.4.1, the Budget Committee will identify program priorities to be able to advise which programs could be vulnerable in times of revenue shortfall. These priorities would also be utilized when evaluating new programs if consideration of tradeoffs is necessary.

Target Completion Date: September 2016

Objective:

Establish an understanding among stakeholders about the flexibility of the EMS levy to serve Medic One and multiple taxing districts.

**Section 1.10.2**TRPC Recommendation:

*Should state legislation ever increase the levy rate limit, the EMS Council, TC Medic One staff, and the fire service agencies should convene discussions on negotiating a potential levy-sharing strategy.*

Steering Committee Recommendation:

Monitor legislation. EMS Council to convene task force should EMS levy increase be authorized.

Target Completion Date: open

**EMS DELIVERY MODEL****Section 2.2.1**TRPC Recommendation:

*TC Medic One should continue exploring and testing a supplemental EMS unit configuration as an intermediate to the standard two-paramedic unit. For example, enabling Advanced EMTs to serve the system in more rural fire districts could improve patient outcomes in areas with longer ALS response time intervals.*

Steering Committee Recommendation:

Staff monitor changes in system delivery concepts with emphasis on potential changes from the implementation of provisions of the Patient Protection and Affordable Care Act. Assess the impact on ALS and BLS service. EMS Council to revisit this TRPC Recommendation after Affordable Care Act impacts are better understood.

Target Completion Date: January 2016

Objective:

Maintain Medic One as a regional EMS program that delivers a standardized high level of emergency medical care to anyone, anywhere, at any time throughout Thurston County. Verify that Medic One ALS units staffed with two paramedics provides a superior level of medical care at the unit level and an overall increase in countywide ALS system readiness.

**Section 2.6.1**TRPC Recommendation:

*TC Medic One system stakeholders should visit the office of King County Medic One to learn about their system. A series of similar site visits to other neighboring EMS systems could offer local participants with valuable insight as to how Thurston County could improve its system.*

Steering Committee Recommendation:

EMS Council and Operations Committee members, Board of County Commissioners, and fire service agency representatives visit King County Medic One and Pierce County EMS service agencies.

Target Completion Date: January 2015

EMS Council to form a best practices subcommittee to be part of the planning process to analyze regional and national EMS delivery models. Consider use of the King County strategic & financial planning model (Strategic Plan 2008-2013). This subcommittee will identify possible ideas for continuous improvements to our Thurston County system.

Target Completion Date: June 2016

Objective:

Assure our EMS delivery system is providing the best service for our citizens by seeking ideas for continuous improvements.

## **SYSTEM PERFORMANCE**

### **Section 3.1.1**

#### TRPC Recommendation:

*Beyond the traditional bench marking focus on cardiac arrest survival rates and response time interval performance, TC Medic One staff in consultation with the Medical Program Director, should continue considering, evaluating, and implementing other appropriate metrics to measure the system's pre-hospital emergency medical and trauma care across the entire county.*

#### Steering Committee Recommendation:

Staff and Medical Program Director to undertake recommendation. Consider the Patient Protection and Affordable Care Act triple aim criteria. Review patient outcome and define what works. Deliver evidenced based patient centered medicine. If possible, measure the satisfaction of patients.

Target Completion Date: May 2016

#### Objective:

Provide additional measurements of our EMS System performance to assure the best delivery in all areas.

### **Section 3.4.1**

#### TRPC Recommendation:

*TC County Medic One has quality response time data that should be presented, when appropriate, in a format that is accessible and readily understood by a broader audience.*

#### Steering Committee Recommendation:

Staff and Operations Committee undertake recommendation.

Target Completion Date: January 2015

#### Objective:

To make additional EMS System performance data available to the citizens we serve to gain their support for the system and its future needs.

### **Section 3.5.1**

#### TRPC Recommendation:

*TC Medic One should take a lead role to foster greater EMS data interoperability and information exchange.*

#### Steering Committee Recommendation:

See recommendation 1.9.1. Operations Committee and fire service agencies to develop a process to analyze and integrate known data for BLS support of ALS response strategies.

Target Completion Date: March 2015

#### Objective:

Standardization of the capture, retrieval, and dissemination of EMS data throughout the system, particularly for BLS response activity data.

### **Section 3.5.2**

#### TRPC Recommendation:

*TC Medic One should coordinate with fire service agencies to develop agreed upon comprehensive EMS service demand projections for system planning.*

#### Steering Committee Recommendation:

Operations Committee and fire service agencies to develop recommendations following completion of Recommendation 3.5.1.

Target Completion Date: March 2016

#### Objective:

To develop projections of future demand for EMS services for all service providers to use in their planning for the future.

## **GOVERNANCE**

### **Section 4.2.1**

#### TRPC Recommendation:

*The EMS Council should identify deliberate activities to foster trust among members, learn each other's strengths, and celebrate the Council's successes.*

#### Steering Committee Recommendation:

When sufficient information becomes available or subcommittee work has been completed addressing the TRPC Recommendations the EMS Council will schedule a professionally facilitated retreat/workshop for open discussion, planning, and getting to personally know each EMS Council member. A goal is to develop strong regional consensus about Medic One/Emergency Medical Services and to generate support by conducting a comprehensive planning process with a theme of transparency, input and collaboration amongst stakeholders and concluding with adoption of a strategic plan.

Target Completion Date: Multiple times starting Spring 2015

#### Objective:

Overcome the EMS Council member's feelings of mistrust, frustration, and dissatisfaction over the decision making processes of the Thurston County Medic One system.

### **Section 4.3.1**

#### TRPC Recommendation:

*The EMS Council should review Article IV. Composition and Membership of the Bylaws to consider amending the membership to:*

- 1. Include the City of Lacey*
- 2. Add a fourth Citizen-at-Large Physician to eliminate potential appointment conflicts with existing Citizen-at-Large members*

#### Steering Committee Recommendation:

EMS Council recommend to the Board of County Commissioners Bylaw Changes to incorporate Recommendation 4.3.1.

Target Completion Date: Complete

**Section 4.3.2**TRPC Recommendation:

*Encourage the Thurston County Commissioners to expand Citizen-at-Large outreach efforts to fill positions with members from rural county communities.*

Steering Committee Recommendation:

EMS Council recommend to the Board of County Commissioners to consider Recommendation 4.3.2.

Target Completion Date: Complete

**Section 4.4.1**TRPC Recommendation:

*TC Medic One staff should post and update the following content on its website in an easily accessible format: EMS Council meeting schedule, a list of EMS Council members, meeting agendas, minutes, TC Medic One Budget, and EMS Council Bylaws.*

Steering Committee Recommendation:

Staff to undertake Recommendation 4.4.1.

Target Completion Date: ongoing

**PLANNING****Section 5.1.1**TRPC Recommendation:

*TC Medic One should compile its existing plans into a single cohesive document that outlines its current course of action. This product should serve as a baseline for a strategic planning process with all system stakeholders.*

Steering Committee Recommendation:

Staff to undertake Recommendation 5.1.1 providing results to TRPC consultant to coordinate, compile results, stakeholder interests and integrate into a new comprehensive strategic & financial plan.

Target Completion Date: January 2015

Objective:

Creation and maintenance of a single comprehensive planning document that describes Thurston County Medic One's mission, policies, budget, service delivery model, system performance, future service levels and strategic initiatives.

**Section 5.1.2**TRPC Recommendation:

*The EMS Council should identify an appropriate planning process and forward a recommendation and planning timeline to the Thurston County Commissioners.*

Steering Committee Recommendation:

This Steering Committee's recommendations adopted, refined or modified.

Target Completion Date: June 2014 then updated annually

Objective:

A process that will lead to a comprehensive Strategic Plan which is essential to guide our evolving system over the next 20 years.

**Section 5.1.3****TRPC Recommendation:**

*TC Medic One should convene a planning process and seek adoption on a preferred alternative prior to running an EMS levy lid lift.*

**Steering Committee Recommendation:**

Based on the recommendations of the subcommittees and studies leading to the new strategic plan the EMS Council will define system delivery model, response time goals, system programs, projected system costs and funding alternatives.

When the time is appropriate, The EMS Council will recommend to the Board of County Commissioners a course of action.

Citizens in Thurston County will be encouraged to organize an independent stakeholders committee to address levy issues.

Target Completion Date: 18 months prior to the levy lid lift vote.

**Objective:**

Thurston County voter support for a fully funded levy.

## Project Plan Worksheet

<b>Title:</b> BLS analysis
<b>Priority:</b> 1/16 (Group A)
<b>TRPC Recommendation number/category/description:</b> 1.9.1 (Funding) <i>The region's EMS participants should develop a countywide framework for evaluating present and future BLS demand and service capacity to better understand the overall financial and operational impacts to the EMS system.</i>
<b>Steering Committee clarification:</b> EMS Council form a subcommittee and recommend that the Thurston County Board of County Commissioners contract with TRPC to gather and analyze the BLS data and project future BLS demand and capacity. The subcommittee will include members from the Thurston County Fire Chiefs Association, Operations Committee and staff. Phase I Data gathering Phase II BLS demand and service capacity analysis
<b>Background/problem statement:</b> Lack of system wide BLS response data or analysis. Fire Protection District operations are challenged by diminishing revenues. The risk of EMS service degradation in rural communities could threaten the efficacy of the TC Medic One program.
<b>Goal(s):</b> <ol style="list-style-type: none"> <li>Develop process for evaluation of present and future BLS demand.</li> <li>Generate clear information on how the fire protection district operations that are challenged by diminishing revenues are meeting the system's needs.</li> <li>Comprehensive information focused at identifying EMS service challenges in rural communities that could threaten the efficacy of the Thurston County EMS System.</li> <li>Determine measurements/reporting needs.</li> <li>Develop countywide BLS response and reporting system to meet needs.</li> <li>Develop analysis/reporting process.</li> </ol>

<b>1. Population(s) of interest</b>	BLS response agencies, TCOMM, elected officials, advisory bodies EMSC/Ops, area hospitals, citizens
<b>2. Geographic area of interest</b>	County wide
<b>3. Specific, attainable, measurable outcome objectives that describe concrete changes in populations of interest/ Deliverable(s)</b>	Develop data system and annually document and report on BLS response demand and capacity. <b>Phase I:</b> Ops and EMSC to work with TRPC to develop stakeholder questions to be answered by the data system , some data available from TCOMM CAD (see current M1 website). Data system designed to collect data needed for analysis. <b>Phase II:</b> Process to analyze and report data results on periodic basis.
<b>4. Broad strategies</b> (e.g., policy development, education, skill building)	All licensed EMS agencies to participate in centralized data collection and reporting system. Equipment, software, education/training, analysis and reporting to be inclusive and minimizing redundancy and maximizing usefulness.
<b>5. Specific activities/methods</b> (e.g., a mass media campaign, a workshop, an event) correlate to	<ol style="list-style-type: none"> <li>Use consultant to develop analysis needs and measures with specific data point identification.</li> <li>Develop method to document/analyze BLS operational costs.</li> </ol>



strategies.	<ul style="list-style-type: none"> <li>c. Develop system BLS response reports to support analysis.</li> <li>d. Develop consistent method to track, report, analyze BLS system costs/resources and operational impacts.</li> <li>e. Develop method to use impact analysis to project system operational issues.</li> </ul>
<b>6. Committee members/lead</b>	Operations Committee is lead with other agencies invited to working group/Operations Committee Chair
<b>7. Resources required, specifically consider space, equipment, and workload implications in addition to dollars, etc.</b>	<ul style="list-style-type: none"> <li>a. Medic One staff time</li> <li>b. Operations Committee time</li> <li>c. <b>Analysis consultant (TRPC)</b></li> <li>d. Hardware/software vendors</li> <li>e. Connectivity costs, EMS provider agencies</li> <li>f. Funding for implementation and ongoing (consultant, hardware/software, cellular service, interfaces with existing system).</li> <li>g. Significant workload countywide for all participants to develop and implement system.</li> </ul>
<b>8. Timelines/milestones</b>	Phase I start 6/2014; end 5/31/2015 Phase II start 6/2015; end 10/15/2015
<b>9. Evaluation indicators</b>	<ul style="list-style-type: none"> <li>a. List of questions to be answered by data system.</li> <li>b. Data system defined data points to be collected</li> <li>c. Periodic report that analyzes BLS response system, provides system demand projections</li> <li>d. List or formula for BLS operational cost measures</li> <li>e. Data system to assist with analysis and understanding of BLS system cost and operations</li> </ul>
<b>10. Reporting/report out/tracking</b>	At least quarterly reports by Operations Committee chair to EMS Council and agency reps to associated agencies for progress on the evaluation indicators.
<b>11. Sustainability plan</b>	<ul style="list-style-type: none"> <li>1. Medic One to fund development and ongoing cost of data system for Thurston County licensed EMS response agencies to include consultant to develop analysis/data points and sources, system hardware/software.</li> <li>2. EMS agencies to provide funding for connectivity, personnel for data input and costs for interfaces with other data systems as needed.</li> </ul>
<b>12. Other program notes</b>	

## Project Plan Worksheet

<b>Title:</b> Legislative Levy Increase
<b>Priority:</b> 4/16 (retreat)
<b>TRPC Recommendation number/category/description:</b> 1.10.2 (Funding) <i>Should state legislation ever increase the levy rate limit, the EMS Council, TC Medic One staff, and the fire service agencies should convene discussions on negotiating a potential levy-sharing strategy.</i>
<b>Steering Committee clarification:</b> Monitor legislation. EMS Council to convene task force should EMS levy increase be authorized.
<b>Background/problem statement:</b> There is disagreement among stakeholders about the flexibility of the EMS levy to serve TC Medic One and multiple taxing districts. EMS response agencies need increase in support funds to provide EMS response services for ever increase population and call volume of Thurston County. The current Medic One/EMS levy does not have adequate capacity to provide sustainable funding for 15 EMS response agencies substantially beyond what is currently provided today. One alternative could be a legislative alternative to increase the maximum local EMS levy by 25 cents per thousand assessed value from the current 50 cents per thousand assessed value to 75 cents per thousand. This potentially could provide \$5-6 million dollars of additional EMS funding to support response agencies.
<b>Goal(s):</b>

1. Population(s) of interest	BLS response agencies, elected officials, taxing jurisdictions, advisory bodies EMSC/Ops, BOCC, citizens
2. Geographic area of interest	County wide
3. Specific, attainable, measurable outcome objectives that describe concrete changes in populations of interest/Deliverable(s)	<ol style="list-style-type: none"> <li>a. Develop consensus for feasibility of increasing EMS levy property tax from 50 cents to 75 cents per \$1,000 valuation.</li> <li>b. Develop need statement for use of any increase over 50 cent levy.</li> <li>c. Analyze and determine method to attain increase in levy (county wide versus jurisdiction by jurisdiction).</li> <li>d. If county wide, determine formula for distribution/accountability/use of new levy funds, existing levy funds and mechanism for restoration/redistribution.</li> <li>e. Develop method for determining effectiveness of new funds with regards to performance or outcome improvement.</li> </ol>
4. Broad strategies (e.g., policy development, education, skill building)	<ol style="list-style-type: none"> <li>a. Method for needs statement review and adoption by appropriate agencies/jurisdiction.</li> <li>b. Formalize agreement for distribution formula of funds, if necessary.</li> <li>c. Determine county wide jurisdictional consensus and method for public education.</li> <li>d. Determine date for public levy election for new levy and existing levy restoration.</li> </ol>
5. Specific activities/methods (e.g.,	<ol style="list-style-type: none"> <li>a. Contract with consultant (TRPC)</li> <li>b. Hold worksessions</li> </ol>

a mass media campaign, a workshop, an event) correlate to strategies	<ul style="list-style-type: none"> <li>c. Develop formal agreement</li> <li>d. Public education</li> </ul>
6. Committee members/lead	EMS Council, BOCC, jurisdictions, EMS response agencies, citizens/EMS Council
7. Resources required, specifically consider space, equipment, and workload implications in addition to dollars, etc.	<ul style="list-style-type: none"> <li>a. <b>Consultant (TRPC) funding</b></li> <li>b. EMS Council time commitment</li> <li>c. Staff time</li> <li>d. Stakeholder worksessions</li> </ul>
8. Timeline/milestones	TBD In advance of legislative authorization could be beneficial, otherwise in advance of any county jurisdiction opting to attempt new EMS levy.
9. Evaluation indicators	<ul style="list-style-type: none"> <li>a. Consensus needs statement</li> <li>b. Legislative authorization</li> <li>c. Consensus distribution formula</li> <li>d. Distribution agreement</li> <li>e. Process for redistribution, restoration of EMS levy(s)</li> </ul>
10. Reporting/report out/tracking	Periodic consultant reports to EMSC and BOCC as negotiated in consultant contract.
11. Sustainability plan	Levy longevity projection based on distribution and levy restoration plan
12. Other program notes	

## Project Plan Worksheet

<b>Title:</b> EMS (BLS) service demand
<b>Priority:</b> 2/16 (Group B)
<b>TRPC Recommendation number/category/description:</b> 3.5.2 (System Performance) <i>TC Medic One should coordinate with fire service agencies to develop agreed upon comprehensive EMS service demand projections for system planning.</i>
<b>Steering Committee clarification:</b> Operations Committee and fire service agencies to develop recommendations following completion of Recommendation 3.5.1.
<b>Background/problem statement:</b> More work is necessary to standardize the capture, retrieval, and dissemination of EMS data throughout the system, particularly for BLS response activity data.
<b>Goal(s):</b> Develop and implement system for projections of future EMS services demand, available to all service providers for use in their planning and modeling.

<b>1. Population(s) of interest</b>	BLS response agencies, TCOMM, elected officials, advisory bodies EMSC/Ops, EMTs, labor reps, area hospitals, citizens
<b>2. Geographic area of interest</b>	County wide
<b>3. Specific, attainable, measurable outcome objectives that describe concrete changes in populations of interest/ Deliverable(s)</b>	<ul style="list-style-type: none"> <li>a. Standardize BLS response and performance evaluation measures that meet or exceed state BLS response requirements for all Red responses .</li> <li>b. Develop standardized agency, regional and countywide reports.</li> <li>c. Develop capability for adhoc report development.</li> <li>d. Implement draft performance goals</li> <li>e. Evaluate new system/process against goals</li> <li>f. Consider modification of system, process, goals</li> <li>g. Report out</li> <li>h. Finalize system</li> </ul>
<b>4. Broad strategies</b> (e.g., policy development, education, skill building)	<ul style="list-style-type: none"> <li>a. Consensus BLS response goals that meet or exceed State response standards for verified BLS first response and ambulance and optimize support to ALS response, develop goals and compliance tolerance.</li> <li>b. Review/confirm response area plan.</li> </ul>
<b>5. Specific activities/methods</b> (e.g., a mass media campaign, a workshop, an event) correlate to strategies	<ul style="list-style-type: none"> <li>a. Consultant to hold stakeholder meetings to develop performance goals beginning with state EMS response requirements.</li> <li>b. Validate draft response performance goals and compliance tolerance for attainability.</li> </ul>
<b>6. Committee members/lead</b>	Operations Committee and interested EMS response agencies, EMSC, MPD, Medic One staff/Operations Committee
<b>7. Resources required, specifically consider space, equipment, and workload implications in addition to dollars, etc.</b>	<ul style="list-style-type: none"> <li>a. <b>Consultant time (TRPC)</b> to develop consensus BLS response/performance goals, measurement elements/points, initial basic agency level, region and county wide reports.</li> <li>b. SafetyPad programming time for data elements</li> <li>c. Report programming time</li> </ul>

	d. Existing system interface support if necessary
<b>8. Timeline/milestones</b>	<p>Start January 2015</p> <ul style="list-style-type: none"> <li>a. Approval to initiate consultant contract to develop system wide consensus BLS Red response performance goals</li> <li>b. Consultant contract with estimated cost and end date</li> </ul> <p>August 2015 target completion</p>
<b>9. Evaluation indicators</b>	<p>Negotiated in consultant contract</p> <p>Draft consensus BLS Red response goals</p> <p>Ability of data system to record and report on goals</p> <p>Periodic reporting of data, interval to be determined</p>
<b>10. Reporting/report out/tracking</b>	<p>Period reports by consultant to Operations Committee and EMS Council</p>
<b>11. Sustainability plan</b>	<p>Scope dependent</p>
<b>12. Other program notes</b>	<p>EMS response agencies currently not required to exceed state minimum response standards.</p> <p>Participation in local reporting system and response performance goals may need to be formalized.</p>

## Project Plan Worksheet

<b>Title:</b> Other EMS benchmarks
<b>Priority:</b> 5/16 (Group B)
<b>TRPC Recommendation number/category/description:</b> 3.1.1 (System Performance) Beyond the traditional benchmarking focus on cardiac arrest survival rates and response time interval performance, TC Medic One staff in consultation with the Medical Program Director, should continue considering, evaluating, and implementing other appropriate metrics to measure the system's prehospital emergency medical and trauma care across the entire county.
<b>Steering Committee clarification:</b> Staff and Medical Program Director to undertake recommendation. Consider the Patient Protection and Affordable Care Act triple aim criteria. Review patient outcome and define what works. Deliver evidenced based patient centered medicine. If possible, measure the satisfaction of patients.
<b>Background/problem statement:</b> The System currently measures Cardiac Arrest survival as a "gold standard" comparison of EMS system outcome performance, along with more conventional response time measure. However, while those are extrapolated as the system performance for highest level of response and outcome are there other measures that should be developed.
<b>Goal(s):</b> Provide additional measurements of our EMS System performance to assure the best delivery in all areas. Evaluate and consider other EMS system performance measures. Consider implementation of other performance measures for trends. Provide additional measurements of our EMS System performance to assure the best delivery in all areas. (Improving care, improving health and decreasing per capita cost of system.

<b>1. Population(s) of interest</b>	MPD, EMS response agencies, hospitals, elected officials, jurisdictions, advisory bodies EMSC/Ops, BOCC, citizens
<b>2. Geographic area of interest</b>	County wide
<b>3. Specific, attainable, measurable outcome objectives that describe concrete changes in populations of interest/ Deliverable(s)</b>	<ol style="list-style-type: none"> <li>a. Review and determine applicability of selected KPIs.</li> <li>b. Select, inform and educate selected KPIs.</li> <li>c. Develop reports for selected KPIs and determine reporting intervals.</li> <li>d. Report on KPI performance: agency, region, county, state</li> <li>e. Evaluate adequacy of KPI reports against system needs.</li> <li>f. Modify KPI reporting.</li> <li>g. Determine effect on patient outcome for selected KPIs</li> </ol>
<b>4. Broad strategies</b> (e.g., policy development, education, skill building)	<ol style="list-style-type: none"> <li>a. Develop policy statement on selected KPI and inform/educate system.</li> <li>b. Monitor data compliance.</li> <li>c. Modify system protocols or training as appropriate to optimize KPI performance.</li> </ol>
<b>5. Specific activities/methods</b> (e.g., a mass media campaign, a workshop, an event) correlate to strategies	<ol style="list-style-type: none"> <li>a. Obtain state approved KPIs</li> <li>b. Review with committee, MPD to select initial, pilot KPIs</li> <li>c. Set up data system for selected KPIs and reports</li> <li>d. Provide KPI training</li> </ol>

<b>6. Committee members/lead</b>	MPD, staff, QI committee, Operations Committee/MPD
<b>7. Resources required, specifically consider space, equipment, and workload implications in addition to dollars, etc.</b>	<ul style="list-style-type: none"> <li>a. MPD time</li> <li>b. Training staff time</li> <li>c. Information system/SafetyPad programming time</li> <li>d. Report development, comparison, analysis and distribution</li> </ul>
<b>8. Timeline/milestones</b>	<ul style="list-style-type: none"> <li>a. Start March 2015</li> <li>b. Evaluate KPIs when finalized by state</li> <li>c. Select initial pilot KPIs</li> <li>d. Develop/modify data collection methods as appropriate</li> <li>e. System response personnel training over KPIs</li> <li>f. Implement initial pilot KPIs</li> <li>g. First report out May 2016</li> <li>h. Evaluate, modify and/or continue KPI reporting process</li> <li>i. Evaluate cost/benefit of KPI continuation</li> </ul>
<b>9. Evaluation indicators</b>	<p>Measurable, positive, patient outcome improvement as measured by KPIs locally or external</p> <p>Efficacious cost/benefit ratio</p>
<b>10. Reporting/report out/tracking</b>	<p>Ops and EMSC:</p> <p>MPD to report on selected KPIs</p> <p>Staff to report on training and KPI/data system operations</p> <p>MPD to report on outcome/effectiveness at end of pilot</p>
<b>11. Sustainability plan</b>	Dependent on pilot evaluation
<b>12. Other program notes</b>	<p>Washington state is developing EMS Key Performance Indicators (KPIs), utilizing data from WEMESIS (Washington Emergency Medical Services Information System) that EMS agencies are required to report to and SafetyPad will accommodate. KPIs will allow comparison between EMS (ALS and BLS) agencies and systems in WA state for 12 patient/procedure types. Staff recommends compatibility with KPI so that comparisons are possible.</p>

## Project Plan Worksheet

<b>Title:</b> EMS (BLS) Data interoperability
<b>Priority:</b> 3/16 (Group B)
<b>TRPC Recommendation number/category/description:</b> 3.5.1 (System Performance) <i>TC Medic One should take a lead role to foster greater EMS data interoperability and information exchange.</i>
<b>Steering Committee clarification:</b> See recommendation 1.9.1. Operations Committee and fire service agencies to develop a process to analyze and integrate known data for BLS support of ALS response strategies.
<b>Background/problem statement:</b> More work is necessary to standardize the capture, retrieval, and dissemination of EMS data throughout the system, particularly for BLS response activity data.
<b>Goal(s):</b> Standardization of the capture, retrieval, and dissemination process of EMS data throughout the system, particularly for BLS response activity data.

<b>1. Population(s) of interest</b>	BLS response agencies, TCOMM, elected officials, advisory bodies EMSC/Ops, area hospitals, citizens
<b>2. Geographic area of interest</b>	County wide
<b>3. Specific, attainable, measurable outcome objectives that describe concrete changes in populations of interest/ Deliverable(s)</b>	<ol style="list-style-type: none"> <li>a. Purchase and maintain county wide, interoperable, EMS data system for all EMS response agencies.</li> <li>b. Develop data interoperability process for BLS SafetyPad EMS reporting system.</li> <li>c. Assure data collection process meets need for measurement/evaluation at system level.</li> <li>d. Require all EMS agencies to participate in EMS data collection system.</li> <li>e. Create ability for agency level access to data (dispatch, pre-hospital and hospital providers).</li> <li>f. Create ability for regional/countywide level access to data.</li> <li>g. Data system to allow required state EMS reporting of agency data.</li> </ol>
<b>4. Broad strategies</b> (e.g., policy development, education, skill building)	<ol style="list-style-type: none"> <li>a. Install SafetyPad equipment in licensed EMS vehicles.</li> <li>b. EMS agencies to provide data connectivity provider resources for data transmission.</li> <li>c. Develop and implement countywide training program for EMS personnel and incorporate in OTEP and initial EMS training.</li> </ol>
<b>5. Specific activities/methods</b> (e.g., a mass media campaign, a workshop, an event) correlate to strategies	<ol style="list-style-type: none"> <li>a. Obtain adequate IM staffing resources</li> <li>b. Develop/implement appropriate software</li> <li>c. Specify, contract, order, receive and install hardware</li> <li>d. Train personnel by implementation</li> <li>e. Implement process for appropriate access</li> <li>f. Allow system access by agency and individual</li> <li>g. Notify EMSC/Operations Committee system operational</li> <li>h. Notify media of new capability</li> </ol>



<b>6. Committee members/lead</b>	Operations Committee, MPD, Training Committee, Fire Chiefs, Medic One staff/Operations Committee
<b>7. Resources required, specifically consider space, equipment, and workload implications in addition to dollars, etc.</b>	<ul style="list-style-type: none"> <li>a. Funding for purchase and maintenance of SafetyPad EMS data system software, hardware and storage.</li> <li>b. Hire Information Management staff.</li> <li>c. Agency level data connectivity resources (cellphone data services).</li> </ul>
<b>8. Timeline/milestones</b>	<p>2014 hire IM staff</p> <p>2013-2014 work with SafetyPad vendor to develop BLS data system</p> <p>2014 specify, contract and purchase hardware</p> <p>2014-2015 install hardware and implement system</p> <p>2014-2015 train EMS personnel in use of system</p> <p>2014-2015 create access accounts</p> <p>2015 March develop reports</p> <p>October 2015 Target end date</p>
<b>9. Evaluation indicators</b>	<ul style="list-style-type: none"> <li>✓Hired IM staff</li> <li>✓BLS SafetyPad software installed</li> <li>✓Receipt of SafetyPad equipment for BLS units</li> <li>Integrated with TCOMM CAD software/data</li> <li>Installed of BLS SafetyPad equipment by agency</li> <li>Training of BLS personnel by agency</li> <li>HIPAA Business Associate Agreements by agency</li> <li>Implement agency access accounts by agency</li> </ul>
<b>10. Reporting/report out/tracking</b>	<p>Date Hiring of IM staff reported to EMSC/Operations</p> <p>Date BLS SafetyPad software reported to EMSC/Operations/Chiefs</p> <p>Date purchase of SafetyPad equipment</p> <p>Date Integration of TCOMM CAD software/data</p> <p>Date Install of BLS SafetyPad equipment</p> <p>Date Training of BLS personnel</p> <p>By agency HIPAA Business Associate Agreements</p> <p>By agency Implement agency access accounts</p> <p>Date Installation completed</p>
<b>11. Sustainability plan</b>	Annual budget for SafetyPad system maintenance, storage and ER&R
12. Other program notes	

## Project Plan Worksheet

<b>Title:</b> Stakeholder trust
<b>Priority:</b> 6/16 (retreat)
<b>TRPC Recommendation number/category/description:</b> 4.2.1 (Governance) <i>The EMS Council should identify deliberate activities to foster trust among members, learn each other's strengths, and celebrate the Council's successes.</i>
<b>Steering Committee clarification:</b> When sufficient information becomes available or subcommittee work has been completed addressing the TRPC Recommendations the EMS Council will schedule a professionally facilitated retreat/workshop for open discussion, planning, and getting to personally know each EMS Councilmember. A goal is to develop strong regional consensus about Medic One/Emergency Medical Services and to generate support by conducting a comprehensive planning process with a theme of transparency, input and collaboration amongst stakeholders and concluding with adoption of a strategic plan.
<b>Background/problem statement:</b> Some EMS Council members have expressed feelings of mistrust, frustration, and dissatisfaction over recent decision making processes of the TC Medic One system.
<b>Goal(s):</b> Overcome the EMS Council member's feelings of mistrust, frustration, and dissatisfaction over the decision making processes of the Thurston County Medic One system.

<b>1. Population(s) of interest</b>	EMS Council, BOCC, Operations Committee, EMS response agencies, MPD, Medic One staff
<b>2. Geographic area of interest</b>	County wide
<b>3. Specific, attainable, measurable outcome objectives</b> that describe concrete changes in populations of interest/ <b>Deliverable(s)</b>	<ul style="list-style-type: none"> <li>a. Review, modify and/or elaborate on EMS Council, Operations Committee, BOCC and MPD decision making process.</li> <li>b. Develop an understanding of each entity or individuals authority and responsibility for decision making.</li> <li>c. Develop consensus for future decision making processes.</li> <li><b>d. Document any changes in existing process or new processes for all members and EMS stakeholders.</b></li> </ul>
<b>4. Broad strategies</b> (e.g., policy development, education, skill building)	Formalize decision making processes for EMS Council, Operations Committee, MPD, BOCC that is a result of the consensus building work sessions.
<b>5. Specific activities/methods</b> (e.g., a mass media campaign, a workshop, an event) correlate to strategies	<ul style="list-style-type: none"> <li>a. Develop statement of work for consultant.</li> <li>b. Contract with consultant for assistance with problem identified by TRPC.</li> <li>c. Hold work sessions to develop consensus on decision making processes/expectations of each entity.</li> <li>d. Document consensus for decision making processes and expectations.</li> <li>e. Periodically review compliance with consensus process.</li> </ul>
<b>6. Committee members/lead</b>	EMS Council, Operations Committee, MPD/EMS Council

<b>7. Resources required, specifically consider space, equipment, and workload implications in addition to dollars, etc.</b>	<ul style="list-style-type: none"> <li>a. <b>Consultant (TRPC)</b> to facilitate trust building work sessions specific to decision making processes.</li> <li>b. EMS Council time</li> <li>c. Operations Committee time</li> <li>d. Staff time</li> </ul>
<b>8. Timeline/milestones</b>	TBD Multiple times starting Spring 2015 Completing Spring 2016
<b>9. Evaluation indicators</b>	Consultant hired Work sessions scheduled and attended by 90% of entities.
<b>10. Reporting/report out/tracking</b>	Final report to be negotiated as part of consultant contract.
<b>11. Sustainability plan</b>	Dependent on results of periodic review of compliance with consensus process.
12. Other program notes	

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## Project Plan Worksheet

<b>Title:</b> Funding Priorities
<b>Priority:</b> 8/10 (Group C)
<b>TRPC Recommendation number/category/description:</b> 1.10.1 (Funding) <i>The EMS Council should establish clear funding priorities for TC Medic One programs.</i>
<b>Steering Committee clarification:</b> EMS Council's Budget Committee to develop recommendations that are based on current and new programs as they are evaluated, prioritized and adopted by the EMS Council. In conjunction with Recommendation 1.4.1, the Budget Committee will identify program priorities to be able to advise which programs could be vulnerable in times of revenue shortfall. These priorities would also be utilized when evaluating new programs if consideration of tradeoffs is necessary.
<b>Background/problem statement:</b> There is disagreement among stakeholders about the flexibility of the EMS levy to serve TC Medic One and multiple taxing districts.
<b>Goal(s):</b> Establish an understanding among stakeholders about the flexibility of the EMS levy to serve Medic One and multiple taxing districts.

<b>1. Population(s) of interest</b>	EMS agencies, EMS Council, BOCC, citizens, Medic One staff, MPD
<b>2. Geographic area of interest</b>	County wide
<b>3. Specific, attainable, measurable outcome objectives that describe concrete changes in populations of interest/ Deliverable(s)</b>	<ol style="list-style-type: none"> <li>a. Develop Medic One program/funding priorities.</li> <li>b. Share with provider agencies in educational presentation and seek comment. If further analysis is necessary...</li> <li>c. Develop standardized financial templates for Medic One and EMS provider budgets to include expenses and revenues from levy and all other sources.</li> <li>d. In Fire/EMS agencies, discriminate fire versus EMS expenses and revenues.</li> <li>e. Develop standardized template for expense, revenue and fund balance projections for each agency.</li> <li>f. Develop annual system wide report analysis/comparison of expenses, revenue and projections (fire versus EMS; publish to website?).</li> <li>g. Analyze and report on program needs/efficiencies, prioritize programs, consider expense cuts, revenue increases, other efficiencies to meet system wide EMS needs.</li> </ol>
<b>4. Broad strategies</b> (e.g., policy development, education, skill building)	<p>Develop Medic One program/funding priorities document.</p> <p>If possible, consider mechanism to address issues identified by financial analysis, determine what is to be considered a EMS System funding issue versus Medic One funding issue versus local issue for EMS (and fire?) services.</p>
<b>5. Specific activities/methods</b> (e.g., a mass media campaign, a workshop, an event) correlate to strategies	<ol style="list-style-type: none"> <li>a. Develop Medic One Program/Funding priorities presentation.</li> <li>b. Educate provider agencies and seek comment.</li> <li>c. Determine if Consultant is necessary for EMS</li> </ol>

	system wide financial and program analysis is necessary.
<b>6. Committee members/lead</b>	EMS Council, Operations Committee, EMS provider agencies, elected officials, jurisdictions, MPD, Medic One staff/EMS Council
<b>7. Resources required, specifically consider space, equipment, and workload implications in addition to dollars, etc.</b>	<ul style="list-style-type: none"> <li>a. Work session with EMS Council, Operations Committee, MPD, Medic One staff and BOCC to determine Medic One program funding priorities.</li> <li>b. <b>Consultant</b> would be necessary to determine other financial issues of EMS system, Fire/EMS agencies, Medic One programs and funding flexibility.</li> </ul>
<b>8. Timeline/milestones</b>	<ul style="list-style-type: none"> <li>a. Start June 2015</li> <li>b. Budget Committee (+? )Work sessions to determine Medic One program priorities</li> <li>c. Document listing Medic One program priorities</li> <li>d. End November 2015</li> </ul> <p>Continuation if system wide EMS/Fire programs, priorities, expenditures, revenues, efficiencies are to be analyzed and reported on.</p>
<b>9. Evaluation indicators</b>	<ul style="list-style-type: none"> <li>a. Medic One program priorities document completed.</li> <li>b. Presentation of program priorities and document comments for analysis to seek further analysis.</li> <li>c. Contract for System wide EMS financial analysis.</li> </ul>
<b>10. Reporting/report out/tracking</b>	<ul style="list-style-type: none"> <li>a. Budget committee work session preliminary report</li> <li>b. Presentation to EMSC, BOCC and stakeholders with documentation of comments</li> <li>c. Determination if further work by consultant is necessary.</li> <li>d. (Consultant work and reporting)</li> </ul>
<b>11. Sustainability plan</b>	Annual budget process to incorporate program priorities into development of annual expense/revenue budget.
<b>12. Other program notes</b>	<p><b>Fire/EMS Agencies</b> have expenses and revenues related to fire and EMS programs but may not be able to discriminate those fire versus EMS sources/programs. Current maximum for fire/EMS agency levy \$1.50/TAV.</p> <p><b>Other sources of revenue:</b> Maintenance/Operations levy, Excess Levy, Benefit Assessments, Contracts, Fees, Grants.</p> <p><b>Medic One</b> has expenses and revenue related to ALS and BLS programs. maximum \$0.50/TAV.</p> <p><b>Other sources:</b> Maintenance/Operations levy(?), Excess Levy, Contracts, Fees, Grants.</p> <p>Potential legislation may increase EMS levy from \$0.50/TAV to \$0.75/TAV</p>

## Project Plan Worksheet

<b>Title:</b> Viewer friendly data
<b>Priority:</b> 7/16 (Group B)
<b>TRPC Recommendation number/category/description:</b> 3.4.1 (System Performance) <i>ALS response time intervals are well within the State's and TC Medic One's adopted level of service goals countywide.</i>
<b>Steering Committee clarification:</b> Staff and Operations Committee undertake recommendation.
<b>Background/problem statement:</b> Medic One data resides on dedicated webpages of the county website. However, the presentation of data might be optimized for citizen and jurisdictional consumption.
<b>Goal(s):</b> To make additional EMS System performance data available to the citizens we serve, for System use and its future needs.

<b>1. Population(s) of interest</b>	Citizens, EMS provider agencies, jurisdictions
<b>2. Geographic area of interest</b>	County wide
<b>3. Specific, attainable, measurable outcome objectives</b> that describe concrete changes in populations of interest/ <b>Deliverable(s)</b>	<ul style="list-style-type: none"> <li>a. Seek public and provider input for further development of Medic One webpages.</li> <li>b. Improve public readability of current system response information and publish to website.</li> <li>c. Expand and enhance with additional information of interest to public, jurisdictions and providers.</li> <li>d. Document system of maintenance and regular periodic review for relevancy.</li> </ul>
<b>4. Broad strategies</b> (e.g., policy development, education, skill building)	<ul style="list-style-type: none"> <li>a. Consultant to develop public and provider needs regarding webpage information.</li> <li>b. Staff/county to design pages to meet needs as appropriate.</li> <li>c. Modify data collection software or develop sources to meet needs.</li> <li>d. Staff training, procedure and budget to maintain enhanced system.</li> </ul>
<b>5. Specific activities/methods</b> (e.g., a mass media campaign, a workshop, an event) correlate to strategies	<ul style="list-style-type: none"> <li>a. Public and provider workshops to develop data/webpages.</li> <li>b. Public/provider education regarding web accessible data.</li> <li>c. Consider partnerships with EMS providers and other agencies with regards to data presented and format.</li> </ul>
<b>6. Committee members/lead</b>	TRPC, Operations Committee, MPD, Medic One staff/Operations Committee
<b>7. Resources required, specifically consider space, equipment, and workload implications in addition to dollars, etc.</b>	<ul style="list-style-type: none"> <li>a. <b>Consultant (TRPC) contract</b></li> <li>b. Operations Committee time</li> <li>c. Staff time</li> <li>d. MPD time</li> <li>e. Central services for webpage additions</li> <li>f. Work session participation by providers</li> <li>g. Webpage technical consultant/database consultant/GIS consultant dependent on scope</li> </ul>

	of requests from work sessions.
<b>8. Timeline/milestones</b>	Start February 2015 Complete June 2015
<b>9. Evaluation indicators</b>	<ul style="list-style-type: none"> <li>a. Report from work sessions describing public requests</li> <li>b. Report from work sessions describing agency requests</li> <li>c. Implementation and maintenance budget</li> <li>d. Cost/benefit review results</li> <li>e. Webpage modifications</li> </ul>
<b>10. Reporting/report out/tracking</b>	Negotiate periodic reports as part of Consultant contract.
<b>11. Sustainability plan</b>	<ul style="list-style-type: none"> <li>a. Develop implementation costs</li> <li>b. Ongoing system maintenance costs to include staff time/impact</li> <li>c. Perform cost/benefit review</li> <li>d. Implement approved components in budget</li> </ul>
<b>12. Other program notes</b>	Staff is capable of modifying webpages and implementing changes directed. However, public/provider survey and webpage modifications incorporating significant modifications of technical or database/GIS displays would require consultants.

## Project Plan Worksheet

<b>Title:</b> Levy restoration options
<b>Priority:</b> 9/16 (Group C)
<b>TRPC Recommendation number/category/description:</b> 5.1.3 (Planning) <i>TC Medic One should convene a planning process and seek adoption on a preferred alternative prior to running an EMS levy lid lift.</i>
<b>Steering Committee clarification:</b> Based on the recommendations of the subcommittees and studies leading to the new strategic plan the EMS Council will define system delivery model, response time goals, system programs, projected system costs and funding alternatives. When the time is appropriate, The EMS Council will recommend to the Board of County Commissioners a course of action. Citizens in Thurston County will be encouraged to organize an independent stakeholders committee to address levy issues.
<b>Background/problem statement:</b> Current EMS Levy has future point when system levy resources will not be able to sustain the current/future rate of expenditures due to 1% (plus new construction) growth limitation and rate of expenditures exceeds that. Compounding the issues is the expected growth in county population and EMS response volume. TC Medic One does not have a single comprehensive planning document that describes its mission, policies, budget, service delivery model, system performance, future service levels, and strategic initiatives.
<b>Goal(s):</b> Thurston County voter support for a fully funded levy.

<b>1. Population(s) of interest</b>	EMS Council, Budget Committee, BOCC, Operations Committee, EMS response agencies, jurisdictions, citizens
<b>2. Geographic area of interest</b>	County wide
<b>3. Specific, attainable, measurable outcome objectives that describe concrete changes in populations of interest/ Deliverable(s)</b>	<ol style="list-style-type: none"> <li>a. There exists adequate Medic One levy revenue to fund Medic One expense budget as planned for at least 2 years.</li> <li>b. Medic One program expenses will be considered for reduction as prioritized in 1.10.1 to ensure a minimum of 18 months of funding exists to fund expenses.</li> <li>c. The EMS Council will notify the BOCC and recommend a levy restoration is necessary when there is approximately 18 months of revenue left to fund the prioritized, planned programs. Options will be presented to the BOCC regarding program expense priorities and/or alternate revenue.</li> </ol>
<b>4. Broad strategies</b> (e.g., policy development, education, skill building)	EMS Council, BOCC and Medic One staff will develop budget and planning documents.
<b>5. Specific activities/methods</b> (e.g., a mass media campaign, a workshop, an event) correlate to strategies	<ol style="list-style-type: none"> <li>a. Medic One Levy duration will be optimized by the Budget Committee to consider program priorities of 1.10.1, strategic plan and Medic One levy capacity when developing Medic One annual expense budget recommendation.</li> <li>b. A minimum 18 month levy forecast in preparing</li> </ol>



	<p>the annual budget report on the health of Medic One levy and determine ability of revenue to fund expense programs for a minimum of a two year forecast.</p> <ul style="list-style-type: none"> <li>c. EMS Council will determine each year, at least 18 months in advance, the year necessary for a restoration of the Medic One levy. EMSC will report its recommendation to the BOCC to allow adequate timing of a minimum of two election opportunities in advance of levy/revenue depletion.</li> <li>d. BOCC will determine the year of Medic One levy restoration ballot issue and the election(s) being targeted. Their decision will be communicated to the EMS Council and citizens.</li> <li>e. EMS Council, Medic One staff, provider agencies and citizens will educate the public, at least one year in advance of the election, regarding necessary programs, expenses, revenues and reason the restoration is required.</li> <li>f. Budget Committee and staff will develop alternative expense budget options to decrease expenses based on program priorities identified in 1.10.1 as an alternate plan to a full expense budget the year prior to the levy ballot.</li> <li>g. Budget Committee and staff will develop alternative revenue budget options to increase revenue based on alternate revenue sources (fees/billing, contracts, loans/bonds, etc) alternate plan to provide a revenue budget the year prior to the levy ballot.</li> </ul>
<b>6. Committee members/lead</b>	Budget Committee, Operations Committee, EMS Council, BOCC, Medic One staff/EMS Council
<b>7. Resources required, specifically consider space, equipment, and workload implications in addition to dollars, etc.</b>	<ul style="list-style-type: none"> <li>a. EMS Council time</li> <li>b. BOCC time</li> <li>c. Staff time</li> </ul>
<b>8. Timeline/milestones</b>	18 months prior to the levy restoration vote.
<b>9. Evaluation indicators</b>	Annual budget with minimum 18 month forecast for adequate revenue to fund current and future expense budget.
<b>10. Reporting/report out/tracking</b>	Budget Committee report to EMS Council each year in advance of BOCC budget deadline.

<b>11. Sustainability plan</b>	Tracking, budgeting and reporting to assure levy restoration recommendation is made by EMS Council to BOCC at least 18 months in advance of system need.
12. Other program notes	

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## Project Plan Worksheet

<b>Title:</b> Strategy to manage ALS personnel cost
<b>Priority:</b> 10/16
<b>TRPC Recommendation number/description:</b> 1.4.1, (Funding) <i>TC Medic One staff and the ALS contract agencies should closely monitor system costs, maintain a dialog, and develop a long-term strategy to manage EMS provider personnel costs.</i>
<b>Steering Committee clarification:</b> EMS Council to form a subcommittee that includes the contract agencies, three non-contract fire service agencies and three citizens at large. The subcommittee will undertake a comprehensive review of costs and funding concepts as part of a long term plan and develop a cost management strategy to equate anticipated cost to anticipated revenues under various funding scenarios.
<b>Background/problem statement:</b>
<b>Goal(s):</b> Assure or verify that the funds are available to both Medic One and its ALS service agencies will be adequate as the population grows and changes its medical needs.

1. Population(s) of interest	ALS Contract agencies, EMS Council, BOCC, EMS provider agencies, paramedics, Labor representative, citizens, Medic One staff
2. Geographic area of interest	County wide
3. Specific, attainable, measurable outcome objectives that describe concrete changes in populations of interest/Deliverable(s)	
4. Broad strategies (e.g., policy development, education, skill building)	
5. Specific activities/methods (e.g., a mass media campaign, a workshop, an event) correlate to strategies	
6. Committee members/lead	ALS Contract Negotiations Committee/EMS Council
7. Resources required, specifically consider space, equipment, and workload implications in addition to dollars, etc.	ALS Negotiations Committee time Staff time
8. Timeline/milestones	As time allows Sept 2015 – Apr 2016 March 2016
9. Evaluation indicators	
10. Reporting/report out/tracking	
11. Sustainability plan	

12. Other program notes	

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## Project Plan Worksheet

<b>Title:</b> Visit EMS Systems
<b>Priority:</b> 12/16
<b>TRPC Recommendation number/category/description:</b> 2.6.1 (EMS Delivery Model) <i>TC Medic One system stakeholders should visit the office of King County Medic One to learn about their system. A series of similar site visits to other neighboring EMS systems could offer local participants with valuable insight as to how Thurston County could improve its system.</i>
<b>Steering Committee clarification:</b> (1) EMS Council and Operations Committee members, Board of County Commissioners, and fire service agency representatives visit King County Medic One and Pierce County EMS service agencies. (2) EMS Council to form a best practices subcommittee to be part of the planning process to analyze regional and national EMS delivery models. Consider use of the King County strategic & financial planning model (Strategic Plan 2008-2013). This subcommittee will identify possible ideas for continuous improvements to our Thurston County system.
<b>Background/problem statement:</b> The nature of ALS services delivery through contract agencies creates discontent and mistrust among some of the system's stakeholders.
<b>Goal(s):</b> Assure our EMS delivery system is providing the best service for our citizens by seeking ideas for continuous improvements.

<b>1. Population(s) of interest</b>	
<b>2. Geographic area of interest</b>	
<b>3. Specific, attainable, measurable outcome objectives</b> that describe concrete changes in populations of interest/ <b>Deliverable(s)</b>	
<b>4. Broad strategies</b> (e.g., policy development, education, skill building)	
<b>5. Specific activities/methods</b> (e.g., a mass media campaign, a workshop, an event) correlate to strategies	
<b>6. Committee members/lead</b>	
<b>7. Resources required, specifically consider space, equipment, and workload implications in addition to dollars, etc.</b>	
<b>8. Timeline/milestones</b>	As time allows 1. November 2015-May 2016 2. June 2016-

<b>9. Evaluation indicators</b>	
<b>10. Reporting/report out/tracking</b>	
<b>11. Sustainability plan</b>	
12. Other program notes	

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## Project Plan Worksheet

<b>Title:</b> Consolidate Plans
<b>Priority:</b> 11/16
<b>TRPC Recommendation number/category/description:</b> 5.1.1 (Planning) <i>TC Medic One should compile its existing plans into a single cohesive document that outlines its current course of action. This product should serve as a baseline for a strategic planning process with all system stakeholders.</i>
<b>Steering Committee clarification:</b> Staff to undertake Recommendation 5.1.1 providing results to TRPC consultant to coordinate, compile results, stakeholder interests and integrate into a new comprehensive strategic & financial plan.
<b>Background/problem statement:</b> TC Medic One does not have a single comprehensive planning document that describes its mission, policies, budget, service delivery model, system performance, future service levels, and strategic initiatives.
<b>Goal(s):</b> Creation and maintenance of a single comprehensive planning document that describes Thurston County Medic One's mission, policies, budget, service delivery model, system performance, future service levels and strategic initiatives.

<b>1. Population(s) of interest</b>	EMSC, Operations Committee, BOCC, EMS agencies, jurisdictions, citizens, Medic One staff
<b>2. Geographic area of interest</b>	County wide
<b>3. Specific, attainable, measurable outcome objectives</b> that describe concrete changes in populations of interest/ <b>Deliverable(s)</b>	
<b>4. Broad strategies</b> (e.g., policy development, education, skill building)	
<b>5. Specific activities/methods</b> (e.g., a mass media campaign, a workshop, an event) correlate to strategies	
<b>6. Committee members/lead</b>	
<b>7. Resources required, specifically consider space, equipment, and workload implications in addition to dollars, etc.</b>	
<b>8. Timeline/milestones</b>	As time allows April 2015-September 2016
<b>9. Evaluation indicators</b>	
<b>10. Reporting/report out/tracking</b>	

<b>11. Sustainability plan</b>	
12. Other program notes	

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## Project Plan Worksheet

<b>Title:</b> Planning Process
<b>Priority:</b> 13/16
<b>TRPC Recommendation number/category/description:</b> 5.1.2 (Planning) <i>The EMS Council should identify an appropriate planning process and forward a recommendation and planning timeline to the Thurston County Commissioners.</i>
<b>Steering Committee clarification:</b> This Steering Committee's recommendations adopted, refined or modified.
<b>Background/problem statement:</b> TC Medic One does not have a single comprehensive planning document that describes its mission, policies, budget, service delivery model, system performance, future service levels, and strategic initiatives.
<b>Goal(s):</b> A process that will lead to a comprehensive Strategic Plan which is essential to guide our evolving system over the next 20 years.

<b>1. Population(s) of interest</b>	EMS Council, Operations Committee, MPD, BOCC, EMS agencies, citizens, Medic One staff
<b>2. Geographic area of interest</b>	County wide
<b>3. Specific, attainable, measurable outcome objectives</b> that describe concrete changes in populations of interest/ <b>Deliverable(s)</b>	
<b>4. Broad strategies</b> (e.g., policy development, education, skill building)	
<b>5. Specific activities/methods</b> (e.g., a mass media campaign, a workshop, an event) correlate to strategies	
<b>6. Committee members/lead</b>	
<b>7. Resources required, specifically consider space, equipment, and workload implications in addition to dollars, etc.</b>	
<b>8. Timeline/milestones</b>	January 2014-September 2014 then updated annually
<b>9. Evaluation indicators</b>	
<b>10. Reporting/report out/tracking</b>	
<b>11. Sustainability plan</b>	
<b>12. Other program notes</b>	

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## Project Plan Worksheet

<b>Title:</b> Levy Campaign
<b>Priority:</b> 15/16
<b>TRPC Recommendation number/category/description:</b> 1.7.1 (Funding) <i>To help meet rising expenditures, a levy lid lift campaign to restore the original levy rate should be pursued before 2017.</i>
<b>Steering Committee clarification:</b> See recommendation 5.1.3.
<b>Background/problem statement:</b> Expenditures are exceeding revenues. As of 2011, the County EMS Levy rate is insufficient to generate the revenue necessary to fund TC Medic One's projected expenditures.
<b>Goal(s):</b> Thurston County voter support for a fully funded levy.

<b>1. Population(s) of interest</b>	EMS Council, Operations Committee, BOCC, MPD, EMS agencies, Medic One staff
<b>2. Geographic area of interest</b>	County wide
<b>3. Specific, attainable, measurable outcome objectives</b> that describe concrete changes in populations of interest/ <b>Deliverable(s)</b>	
<b>4. Broad strategies</b> (e.g., policy development, education, skill building)	
<b>5. Specific activities/methods</b> (e.g., a mass media campaign, a workshop, an event) correlate to strategies	
<b>6. Committee members/lead</b>	
<b>7. Resources required, specifically consider space, equipment, and workload implications in addition to dollars, etc.</b>	
<b>8. Timeline/milestones</b>	18 months prior to the levy lid lift vote.
<b>9. Evaluation indicators</b>	
<b>10. Reporting/report out/tracking</b>	
<b>11. Sustainability plan</b>	
<b>12. Other program notes</b>	

## Project Plan Worksheet

<b>Title:</b> Reserve Account
<b>Priority:</b> 14/16
<b>TRPC Recommendation number/category/description:</b> 1.8.1 (Funding) <i>The EMS Council should consider establishing a long-term contingency reserve account.</i>
<b>Steering Committee clarification:</b> EMS Council adopt a policy to create a long-term contingency reserve account. Other reserve accounts, such as funds for system expansion, should be considered. EMS Council's Budget Committee to identify the appropriate funds for reserve account to meet the adopted policies.
<b>Background/problem statement:</b> TC Medic One lacks a clear budget policy on the establishment, maintenance, funding level, and use of a reserve account for contingency operations and expenditures.
<b>Goal(s):</b> Establishment of a clear budget policy on the establishment, maintenance, funding level, and use of a reserve account for contingency operations and expenditures.

<b>1. Population(s) of interest</b>	EMS Council, BOCC, Elected Officials, citizens, Medic One staff
<b>2. Geographic area of interest</b>	County wide
<b>3. Specific, attainable, measurable outcome objectives that describe concrete changes in populations of interest/ Deliverable(s)</b>	<ol style="list-style-type: none"> <li>a. Review ending fund balance and reserve fund accounts for balances and projection of revenue/expenditure with consideration for contingency reserve and other reserve accounts</li> <li>b. Determine capacity uncommitted funds, current year's budget and projection using at least the following scenarios of as determined by EMSC:             <ol style="list-style-type: none"> <li>i. status quo service levels,</li> <li>ii. frozen expense level with program shedding by priority (see 1.10.1)</li> <li>iii. necessary program expansion due to expected response growth</li> <li>iv. other expense expansion</li> </ol> </li> <li>c. Report with options to EMSC</li> <li>d. Report options with recommendation to BOCC</li> </ol>
<b>4. Broad strategies</b> (e.g., policy development, education, skill building)	<ol style="list-style-type: none"> <li>a. EMSC and/or BOCC to give direction for budgeting scenarios described above</li> <li>b. BOCC to give direction on recommendation/options</li> <li>c. Staff and Budget Committee to formulate budgets based on direction from BOCC</li> </ol>
<b>5. Specific activities/methods</b> (e.g., a mass media campaign, a workshop, an event) correlate to strategies	Dependent on option selected. Public and stakeholder education on any option selected that modifies programs, or revenues
<b>6. Committee members/lead</b>	EMS Council, BOCC, staff, Budget Committee/Chair

<b>7. Resources required, specifically consider space, equipment, and workload implications in addition to dollars, etc.</b>	Budget Committee time Staff time EMSC time BOCC time
<b>8. Timeline/milestones</b>	As time allows July 2014- Budget Adoption October 2014 2016-2017 Budget cycle
<b>9. Evaluation indicators</b>	Dependent on options selected: <ul style="list-style-type: none"> <li>• Available revenue matching budgeted expenditures to include reserve account needs</li> <li>• Modified expenditures/programs to match available revenue</li> <li>• Modified revenue to match expenditure/program needs either status quo or expanded</li> </ul>
<b>10. Reporting/report out/tracking</b>	Budget Committee recommendations with expense/revenue options for 2016 and/or 2017 budget cycle
<b>11. Sustainability plan</b>	Dependent on option selected. <ul style="list-style-type: none"> <li>• Option A: maintaining existing programs, status quo, will require future levy restoration</li> <li>• Option B: maintaining (frozen) expenses within current revenue forecasts and modifying/reducing programs as necessary to maintain adequate reserve balances within existing revenue, no levy increase</li> <li>• Option C: maintain current programs and allow for necessary program increases, will require levy restoration sooner than option A</li> <li>• Option D: expand programs beyond status quo/current programs, will require levy restoration plus new revenue sources</li> </ul> With Options B, C and D other revenue sources?
<b>12. Other program notes</b>	Budget Committee set a reserve account for 2015. However, the TRPC recommendation is for a more extensive review of the reserve fund and capacity for long term funding. See also: <ol style="list-style-type: none"> <li>a. 5.1.3 (lid lift project plan)</li> <li>b. 1.7.1 (levy restoration plan)</li> <li>c. 1.4.1 (management of personnel cost)</li> <li>d. 1.10.2 (Levy increase project)</li> <li>e. 3.1.1 (Benchmark project)</li> <li>f. 3.5.2 Service demand)</li> </ol>

## Project Plan Worksheet

<b>Title:</b> Rural Response Options
<b>Priority:</b> 16/16
<b>TRPC Recommendation number/category/description:</b> 2.2.1 (EMS Delivery Model) <i>TC Medic One should continue exploring and testing a supplemental EMS unit configuration as an intermediate to the standard two-paramedic unit. For example, enabling Advanced EMTs to serve the system in more rural fire districts could improve patient outcomes in areas with longer ALS response time intervals.</i>
<b>Steering Committee clarification:</b> Staff monitor changes in system delivery concepts with emphasis on potential changes from the implementation of provisions of the Patient Protection and Affordable Care Act. Assess the impact on ALS and BLS service. EMS Council to revisit this TRPC Recommendation after Affordable Care Act impacts are better understood.
<b>Background/problem statement:</b> System wide, TC Medic One ALS units are staffed with two paramedics. This configuration arguably provides a superior level of medical care at the unit level and an overall increase in countywide ALS system readiness.
<b>Goal(s):</b> Maintain Medic One as a regional EMS program that delivers a standardized high level of emergency medical care to anyone, anywhere, at any time throughout Thurston County. Verify that Medic One ALS units staffed with two paramedics provides a superior level of medical care at the unit level and an overall increase in countywide ALS system readiness.

<b>1. Population(s) of interest</b>	EMS Council, Operations Committee, BOCC, MPD, Paramedics, EMTs, EMS agencies, labor affiliations, DOH/EMS, Emergency Physicians, Medic One staff
<b>2. Geographic area of interest</b>	County wide
<b>3. Specific, attainable, measurable outcome objectives that describe concrete changes in populations of interest/ Deliverable(s)</b>	<ol style="list-style-type: none"> <li>a. Seek, compile and analyze information on Affordable Care Act that will impact future EMS services delivery</li> <li>b. Develop report with options and recommendations with regards to ACA impacts on Thurston County EMS</li> <li>c. Collect and analyze BLS patient care data from new SafetyPad system for areas of medical needs against possible benchmarks (Key Performance Indicators)</li> <li>d. Develop report with options that considers patient care medical effectiveness/efficiencies with regards to benchmarks (KPI), rural response, state of the art EMS with regards to alternative or supplemental EMS unit configuration.</li> <li>e. Present report to EMS Council. BOCC and stakeholders.</li> <li>f. Seek direction from MPD, EMSC, Operations Committee and BOCC.</li> <li>g. Gather input and make recommendations for system planning.</li> <li>h. Implement recommendations in strategic and business plans.</li> <li>i. Develop measurement and reporting system for</li> </ol>

	efficiency/effectiveness of alternative or supplemental EMS units
<b>4. Broad strategies</b> (e.g., policy development, education, skill building)	<ol style="list-style-type: none"> <li>a. Any modifications to EMS medical delivery system requires approval of MPD.</li> <li>b. Funding sources will need to be identified for new programs.</li> <li>c. Public and stakeholder education program for new programs.</li> </ol>
<b>5. Specific activities/methods</b> (e.g., a mass media campaign, a workshop, an event) correlate to strategies	<ol style="list-style-type: none"> <li>a. Stakeholder meetings and education.</li> <li>b. Public meetings and education.</li> </ol>
<b>6. Committee members/lead</b>	Operations Committee, MPD, staff, EMSC, stakeholders/EMSC and Ops Chair
<b>7. Resources required, specifically consider space, equipment, and workload implications in addition to dollars, etc.</b>	<ul style="list-style-type: none"> <li>• Operations Committee time</li> <li>• EMSC time</li> <li>• BOCC time</li> <li>• MPD time</li> <li>• Staff time</li> <li>• Stakeholder time</li> <li>• Potentially, consultant time for compiling input and developing reports from stakeholders for recommendation.</li> </ul>
<b>8. Timeline/milestones</b>	As time allows December 2015-December 2016
<b>9. Evaluation indicators</b>	<ol style="list-style-type: none"> <li>a. Key Performance Indicators/benchmark measurements (could be one source of measurement) for medical/system efficacy)</li> <li>b. Report on ACA impacts</li> <li>c. Report on supplemental/alternative EMS unit configuration</li> <li>d. Stakeholder input and recommendation based on the above.</li> <li>e. Selected recommendation(s) incorporated in strategic and business plan</li> </ol>
<b>10. Reporting/report out/tracking</b>	Reports to be presented to EMSC, Operations Committee, stakeholders and BOCC
<b>11. Sustainability plan</b>	Dependent on recommendations and option selected
<b>12. Other program notes</b>	<p>Consider also:</p> <ul style="list-style-type: none"> <li>• 1.9.1 BLS analysis</li> <li>• 2.6.1 Other EMS systems</li> <li>• 3.1.1 Other benchmarks</li> <li>• 3.5.2 EMS service demands</li> <li>• Funding/revenue for new programs from new revenue sources. Especially ACA impacted areas</li> </ul>

## Project Plan Worksheet

<b>Title:</b> Amend EMS Council membership
<b>Priority:</b> Complete
<b>TRPC Recommendation number/category/description:</b> 4.3.1 (Governance) <i>The EMS Council should review Article IV. Composition and Membership of the Bylaws to consider amending the membership to:</i> 1. Include the City of Lacey 2. Add a fourth Citizen-at-Large Physician to eliminate potential appointment conflicts with existing Citizen-at-Large members
<b>Steering Committee clarification:</b> EMS Council recommend to the Board of County Commissioners Bylaw Changes to incorporate Recommendation 4.3.1.
<b>Background/problem statement:</b> Rural stakeholders have expressed frustration that the composition of the EMS Council is biased toward the urban communities.
<b>Goal(s):</b> Modify EMSC bylaws as recommended.

<b>1. Population(s) of interest</b>	EMS Council, Operations Committee, BOCC, EMS agencies
<b>2. Geographic area of interest</b>	County wide
<b>3. Specific, attainable, measurable outcome objectives</b> that describe concrete changes in populations of interest/ <b>Deliverable(s)</b>	Modify EMSC bylaws to include: countywide physician at large, City of Lacey representative. <b>Modified EMSC bylaws.</b>
<b>4. Broad strategies</b> (e.g., policy development, education, skill building)	Develop draft EMSC bylaws, circulate for opinions, modify bylaws, document with resolution.
<b>5. Specific activities/methods</b> (e.g., a mass media campaign, a workshop, an event) correlate to strategies	Draft bylaws per TRPC recommendation. Circulate to EMS community. Pass resolution to adopt modified bylaws. Recruit, fill and orient new positions,
<b>6. Committee members/lead</b>	EMSC/Chair
<b>7. Resources required, specifically consider space, equipment, and workload implications in addition to dollars, etc.</b>	Medic One staff, BOCC staff
<b>8. Timeline/milestones</b>	January 2014
<b>9. Evaluation indicators</b>	Modified bylaws exist and positions filled.
<b>10. Reporting/report out/tracking</b>	
<b>11. Sustainability plan</b>	BOCC/EMSC/representation process.



12. Other program notes	
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## Project Plan Worksheet

<b>Title:</b> Amend EMS Council membership
<b>Priority:</b> Complete
<b>TRPC Recommendation number/category/description:</b> 4.3.2 (Governance) <i>Encourage the Thurston County Commissioners to expand Citizen-at-Large outreach efforts to fill positions with members from rural county communities.</i>
<b>Steering Committee clarification:</b> EMS Council recommend to the Board of County Commissioners to consider Recommendation 4.3.2 (fill with rural representative).
<b>Background/problem statement:</b> Rural stakeholders have expressed frustration that the composition of the EMS Council is biased toward the urban communities.
<b>Goal(s):</b> Modify EMSC bylaws as recommended.

<b>1. Population(s) of interest</b>	EMS Council, Operations Committee, BOCC, EMS agencies
<b>2. Geographic area of interest</b>	County wide
<b>3. Specific, attainable, measurable outcome objectives</b> that describe concrete changes in populations of interest/ <b>Deliverable(s)</b>	Modify EMSC bylaws to include: fill vacant countywide citizen at large, with rural representative. <b>BOCC filled vacant citizen at large position with rural citizen.</b>
<b>4. Broad strategies</b> (e.g., policy development, education, skill building)	Recruit rural citizen for vacant citizen at large position.
<b>5. Specific activities/methods</b> (e.g., a mass media campaign, a workshop, an event) correlate to strategies	Draft bylaws circulated to EMS community. BOCC district representative from rural area to be appointed. Recruit, fill and orient new positions,
<b>6. Committee members/lead</b>	BOCC
<b>7. Resources required, specifically consider space, equipment, and workload implications in addition to dollars, etc.</b>	Medic One staff, BOCC staff
<b>8. Timeline/milestones</b>	January 2014
<b>9. Evaluation indicators</b>	Modified bylaw citizen at large positions filled with rural citizen.
<b>10. Reporting/report out/tracking</b>	
<b>11. Sustainability plan</b>	BOCC/EMSC/representation process.
<b>12. Other program notes</b>	

## Project Plan Worksheet

<b>Title:</b> Website agenda, minutes, members, bylaws
<b>Priority:</b> completed
<b>TRPC Recommendation number/category/description:</b> 4.4.1 (Governance) TC Medic One staff should post and update the following content on its website in an easily accessible format: EMS Council meeting schedule, a list of EMS Council members, meeting agendas, minutes, TC Medic One Budget, and EMS Council Bylaws.
<b>Steering Committee clarification:</b> Staff to undertake Recommendation 4.4.1.
<b>Background/problem statement:</b> Information about the proceedings of the EMS Council is not readily available to the public.
<b>Goal(s):</b> Enhance public and stakeholder availability of EMS Council and Operations Committee: Agenda, minutes, membership, bylaws, system budget.

<b>1. Population(s) of interest</b>	EMS Council, Operations Committee, BOCC, EMS agencies, EMS providers, citizens, Medic One staff
<b>2. Geographic area of interest</b>	County wide
<b>3. Specific, attainable, measurable outcome objectives that describe concrete changes in populations of interest/ Deliverable(s)</b>	Modify Medic One webpages on County website to include on single page, EMS Council and Operations Committee: Responsibilities Membership Meeting time/location Bylaws Strategic/Business Plan Budget Agendas and packets (current and two year historical) Minutes (two year historical)
<b>4. Broad strategies</b> (e.g., policy development, education, skill building)	Develop website and update process Train staff
<b>5. Specific activities/methods</b> (e.g., a mass media campaign, a workshop, an event) correlate to strategies	Weekly update of webpage materials
<b>6. Committee members/lead</b>	Medic One staff
<b>7. Resources required, specifically consider space, equipment, and workload implications in addition to dollars, etc.</b>	Website authorization and Webpage set up through Central Services Staff workload Modify EMS Council and Operations Committee mailing to take advantage of electronic media by using tablets at meetings instead of paper, purchase and train on tablets Utilize tablets for all committees and BLS data system training
<b>8. Timeline/milestones</b>	June 2014 for webpage set up July 2014 for implementation September 2014 for tablet implementation
<b>9. Evaluation indicators</b>	Webpage with listed elements Tablets for Committee meetings

<b>10. Reporting/report out/tracking</b>	EMS Council and Operations Committee updates by staff.
<b>11. Sustainability plan</b>	Incorporate tablets in ER&R after initial implementation year.
<b>12. Other program notes</b>	

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**Thurston County Medic One  
EMS Council  
Steering Committee Recommendations**

Note: Most recommendations are elements of a new long term strategic plan that defines services, programs, needs, governance, and funding.

**Steering Committee to expand to four EMSC members: BLS provider, ALS provider, Citizen at large, City Rep. EMSC to confirm all special committee appointments.**

6/10/2014 update with staff notations for July 2014

F=financial is currently a guess without consultant input

**Consultant=No** indicates staff can do (in some cases scope dependent)

Section	TRPC Recommendation	Steering Committee Recommended Action (G=Goal/measurable outcome?)	Staff comments (S=Scope ?) (P=priority #) (T=estimated Time) (C=Consultant?) (F=\$?Funds)	Start Date/Date Due Steering
<b>Funding</b>				
1.4.1	TC Medic One staff and the ALS contract agencies should closely monitor system costs, maintain a dialog, and develop a long-term strategy to manage EMS provider personnel costs.	EMS Council to form a subcommittee that includes the contract agencies, three non-contract fire service agencies and three citizens at large. The subcommittee will undertake a comprehensive review of costs and funding concepts as part of a long term plan and develop a cost management strategy to equate anticipated cost to anticipated revenues under various funding scenarios.	<b>Scope?</b> (Is this ALS personel costs only or all costs of all programs?) Special Committee #1, Three of each: contract agencies one from each, one from each of three non-contract agencies and citizens at large to be identified by EMSC.	start 9/2015; end 4/2016
		<b>Goal=?</b> (state measurable goal) Assure or verify that the funds are available to both Medic One and its ALS service agencies will be adequate as the population grows and changes its medical needs.	P= ; T= ; <b>Consultant=No but dependent on goal</b> ; F=\$?	
1.7.1	To help meet rising expenditures, a levy lid lift campaign to restore the original levy rate should be pursued before 2017. (2018?)	See 5.1.3	<b>Scope?</b> Original levy rate? Expanded levy rate under 1.10.2 and 5.1.3 <b>Consultant=No</b>	18 months prior to levy lid lift vote
1.8.1	The EMS Council should consider establishing a long-term contingency reserve account.	EMS Council adopt a policy to create a long-term contingency reserve account. Other reserve accounts, such as funds for system expansion, should be considered. EMS Council's Budget Committee to identify the appropriate funds for reserve account to meet the adopted policies.	<b>Scope</b> =develop long term contingency reserve, all/priority programs? duration?. Budget Committee has discussed this at 2014 budget development, action? Recommendation to be made to BOCC.	start 7/2014; end 10/2014
		<b>Goal</b> = Establishment of a clear budget policy on the establishment, maintenance, funding level, and use of a reserve account for contingency operations and expenditures. (Designated final reserve amount for levy restoration point)	P= ; T= 4 months; <b>Consultant=No</b> ; F=\$?	
1.9.1	The region's EMS participants should develop a countywide framework for evaluating present and future BLS demand and service capacity to better understand the overall financial and operational impacts to the EMS system.	EMS Council form a subcommittee and recommend that the Thurston County Board of County Commissioners contract with TRPC to gather and analyze the BLS data and project future BLS demand and capacity. The subcommittee will include members from the <b>Thurston County Fire Chiefs Association, Operations Committee</b> and staff. Data gathering Phase I BLS demand and service capacity analysis, Phase II	<b>Scope?</b> Special Committee #2, however, the Operations Committee could be the lead as regular committee work with participation from any that are willing. <u>Ops and EMSC could work with TRPC to develop the questions to be answered by the data system</u> , some data available from TCOMM CAD (see current M1 website). <b>SafetyPad BLS data/analysis may resolve issue?</b>	Phase I start 6/2014; end 5/31/2015 Phase II start 6/2015; end 7/15/2015
		<b>Goal</b> = Generation of clear information on how the fire protection district operations that are challenged by diminishing revenues are meeting the system's needs. Comprehensive information focused at identifying EMS service challenges in rural communities that could threaten the efficacy of the Thurston County EMS System. (Develop system and annually document and report on BLS response demand and capacity)	P= ; T= 10-12 months; <b>Consultant=Yes</b> ; F=\$5k?	
1.10.1	The EMS Council should establish clear funding priorities for TC Medic One programs.	EMS Council's Budget Committee to develop recommendations that are based on current and new programs as they are evaluated, prioritized and adopted by the EMS Council. In conjunction with Recommendation 1.4.1, the Budget Committee will identify program priorities to be able to advise which programs could be vulnerable in times of revenue shortfall. These priorities would also be utilized when evaluating new programs if consideration of tradeoffs is necessary.	<b>Scope</b> =Program/task funding priorities. Recommendation to BOCC as part of normal budget process	start 6/2015; end 10/30/2015
		<b>Goal</b> = Establish an understanding among stakeholders about the flexibility of the EMS levy to serve Medic One and multiple taxing districts.	P= ; T= 5 months; <b>Consultant=No</b> ; F=\$?	
1.10.2	Should state legislation ever increase the levy rate limit, the EMS Council, TC Medic One staff, and the fire service agencies should convene discussions on negotiating a potential levy-sharing strategy.	EMS Council to convene task force should EMS levy increase be authorized.	Special Committee #3, a levy sharing strategy for new 25 cent addition could be drafted in advance of legislation for all to understand/agree on treatment of potential new funding in advance.	open
		<b>Goal</b> =(Improve funding options for EMS Levy through an increased 25 cent rate)	<b>Scope?</b> Countywide levy sharing v. independent jurisdictional 25 cent levy expansion should be decided. P= ; T=6-12 months depending on levy option; <b>Consultant=Yes</b> ; F=\$5k?	

Section	TRPC Recommendation	Steering Committee Recommended Action (G=Goal/measurable outcome?)	Staff comments (S=Scope ?) (P=priority #) (T=estimated Time) (C=Consultant?) (F=\$?Funds)	Start Date/Date Due Steering
<b>EMS Delivery Model</b>				
2.2.1	TC Medic One should continue exploring and testing a supplemental EMS unit configuration as an intermediate to the standard two-paramedic unit. For example, enabling Advanced EMTs to serve the system in more rural fire districts could improve patient outcomes in areas with longer ALS response time intervals.	Staff monitor changes in system delivery concepts with emphasis on potential changes from the implementation of provisions of the Patient Protection and Affordable Care Act. Assess the impact on ALS and BLS service. EMS Council to revisit this TRPC Recommendation after Affordable Care Act impacts are better understood.	<b>Scope?</b> Dependent on prehospital ALS and/or BLS implications of ACA and source of funding for ACA implications P= ; T=dependent on scope; <b>Consultant=No but dependent on scope (verify); F=\$?</b>	annual analysis? 1/31/2016
		<b>Goal=</b> Maintain Medic One as a regional EMS program that delivers a standardized high level of emergency medical care to anyone, anywhere, at any time throughout Thurston County. <b>Verify that Medic One ALS units staffed with two paramedics provides a superior level of medical care at the unit level and an overall increase in countywide ALS system readiness. (Modify to: Assess need and areas to supplement system with alternate levels of EMS services, with flexible and efficient implementation of service options as recommended by Ops and MPD to meet defined service goals)</b>		
2.6.1	TC Medic One system stakeholders should visit the office of King County Medic One to learn about their system. A series of similar site visits to other neighboring EMS systems could offer local participants with valuable insight as to how Thurston County could improve its system.	EMS Council and Operations Committee members, Board of County Commissioners, and fire service agency representatives visit King County Medic One and Pierce County EMS service agencies. (Staff recommends formulating questions and seek presentations from other EMS systems/agencies, then visit and evaluate information and make recommendation)	<b>Scope=</b> seek EMS information from other local EMS systems P= ; T= 6 months; <b>Consultant=No</b> ; F=\$? Local EMS System presentation from King and Pierce County (City of Seattle or other?) reps in advance of visit may help target visit.	start 1/2015; end 1/31/2015
		EMS Council to form a best practices subcommittee to be part of the planning process to analyze regional and national EMS delivery models. Consider use of the King County strategic & financial planning model (Strategic Plan 2008-2013) This subcommittee will identify possible ideas for continuous improvements to our Thurston County system.	<b>Scope=?</b> (What part is part of the King County Strategic Plan is referenced, the template or specifics?) ;P= ; T= 6 months; <b>Consultant=Yes?</b> ; F=\$? Special Committee #4, however, the EMS Council could be the lead, as is regular Council work with participation from Operations Committee, BOCC any that are willing.	start 2/2015; end 5/30/2016
		<b>Goal=</b> Assure our EMS delivery system is providing the best service for our citizens by seeking ideas for continuous improvements. (Gather best practices information from King and Pierce (?) and produce report)		
<b>System Performance</b>				
3.1.1	Beyond the traditional bench marking focus on cardiac arrest survival rates and response time interval performance, TC Medic One staff in consultation with the Medical Program Director, should continue considering, evaluating, and implementing other appropriate metrics to measure the system's prehospital emergency medical and trauma care across the entire county.	Staff and Medical Program Director to undertake recommendation. Consider the Patient Protection and Affordable Care Act triple aim criteria. Review patient outcome and define what works. Deliver evidenced based patient centered medicine. If possible, measure the satisfaction of patients. .	<b>Scope=</b> Utilize EMS KPIs? EMS Key Performance Indicators are being developed by state MPD's and agencies for comparison applications between EMS agencies and systems within the state and possibly nation. Staff recommends monitoring applicability of this KPI effort before developing new. (Staff proposed Patient Care Feedback in current strategic/business plan E.11.d on hold)	start 5/2015; end 5/31/2016
		<b>Goal=</b> Provide additional measurements of our EMS System performance to assure the best delivery in all areas. (Improving care, improving health and decreasing per capita cost of system. (over what measures?))	P= ; T= 12-18 months; <b>Consultant=Yes</b> for Patient Care Feedback program development; F=\$5-10k?	
3.4.1	TC County Medic One has quality response time data that should be presented, when appropriate, in a format that is accessible and readily understood by a broader audience.	Staff and Operations Committee undertake recommendation.	<b>Scope=</b> Involve consultant to recommend level and format of data for public consumption	start 9/2014; end 1/31/2015
		<b>Goal=</b> To make additional EMS System performance data available to the citizens we serve to gain their support for the system and it future needs. (Improve public readability of system response information and publish to website.) (Delete text "to gain their support")	P= ; T= 6 months; <b>Consultant=Yes</b> ; F=\$5k?	
3.5.1	TC Medic One should take a lead role to foster greater EMS data interoperability and information exchange.	See recommendation 1.9.1. Operations Committee and fire service agencies to develop a process to analyze and integrate known data for BLS support of ALS response strategies.	<b>S?</b> Staff and Operations Committee has worked with TCOMM CAD data to develop BLS response report. BLS agencies have not been willing to utilize 80% response data that would allow comparison with ALS response data. Additional data will be available for analysis once SafetyPad BLS is operational.	start 7/2015; end 10/31/2015
		<b>Goal=</b> Standardization of the capture, retrieval, and dissemination of EMS data throughout the system, particularly for BLS response activity data. (Develop data interoperability process and implement BLS SafetyPad reporting system)	P= ; T=6-12 months; <b>Consultant=No</b> ; F=\$?	

Section	TRPC Recommendation	Steering Committee Recommended Action (G=Goal/measurable outcome?)	Staff comments (S=Scope ?) (P=priority #) (T=estimated Time) (C=Consultant?) (F=\$?Funds)	Start Date/Date Due Steering
3.5.2	TC Medic One should coordinate with fire service agencies to develop agreed upon comprehensive EMS service demand projections for system planning.	Operations Committee and fire service agencies to develop recommendations following completion of Recommendation 3.5.1.	<b>Scope?</b> This can be accomplished through Operations Committee/EMS Council process with BLS as it exists with ALS, however there is no obligation for independent BLS jurisdictions.	start 10/2015; end 5/31/2016
		<b>Goal</b> =To develop projections of future demand for EMS services for all service providers to use in their planning for the future (Develop and implement EMS service demand and projection modeling)	P= ; T=12 months; <b>Consultant=Yes</b> (see 1.9.1); F=\$5k see 1.9.1?	
<b>Governance</b>				
4.2.1	The EMS Council should identify deliberate activities to foster trust among members, learn each other's strengths, and celebrate the Council's successes.	When sufficient information becomes available or subcommittee work has been completed addressing the TRPC Recommendations the EMS Council will schedule a professionally facilitated retreat/workshop for open discussion, planning, and getting to personally know each EMS Council member. A goal is to develop strong regional consensus about Medic One/Emergency Medical Services and to generate support by conducting a comprehensive planning process with a theme of transparency, input and collaboration amongst stakeholders and concluding with adoption of a strategic plan.	This could be part of regular EMS Council business as all agencies should regularly attend EMS Council meetings. The meeting could be started with a 30 minute worksession to collaborate with EMS Council members. It could also be executed as special annual meeting series. MPD, staff and Fire Chiefs Association have initiated quarterly open forum meetings.	Multiple dates starting Spring/April 2015; end 3/2016
		<b>Goal</b> =Overcome the EMS Council member's feelings of mistrust, frustration, and dissatisfaction over the decision making processes of the Thurston County Medic One system. (Develop venue to share EMS System strengths and weakness, provide for coordinated and integrated planning among stakeholders.)	P= ; T=3-12 months; <b>Consultant=Yes</b> (to explore reasons for mistrust/frustration/dissatisfaction over decision making and methods/processes to overcome); F=\$5-10k?	
4.3.1	The EMS Council should review Article IV. Composition and Membership of the Bylaws to consider amending the membership to: 1. Include the City of Lacey 2. Add a fourth Citizen-at-Large Physician to eliminate potential appointment conflicts with existing Citizen-at-Large members	EMS Council recommend to the Board of County Commissioners Bylaw Changes to incorporate Recommendation 4.3.1.	Steering Committee has drafted a bylaw modification that EMS Council has modified and accepted. BOCC approved at 1/15/14 meeting as proposed by TRPC.	Completed
		<b>Goal</b> =Modify EMS Council bylaws to incorporate changes recommended by TRPC	P= ; T=6 months; <b>Consultant=No</b> ; F=\$?	
4.3.2	Encourage the Thurston County Commissioners to expand Citizen-at-Large outreach efforts to fill positions with members from rural county communities.	EMS Council recommend to the Board of County Commissioners to consider Recommendation 4.3.2.	Steering Committee has drafted a bylaw modification that EMS Council has modified and accepted. BOCC approved at 1/15/14 meeting as proposed by TRPC.	Completed
		<b>Goal</b> =Increase rural representatives on EMS Council (what is measure?)	P= ; T= 3 months; <b>Consultant=No</b> ; F=\$?	
4.4.1	TC Medic One staff should post and update the following content on its website in an easily accessible format: EMS Council meeting schedule, a list of EMS Council members, meeting agendas, minutes, TC Medic One Budget, and EMS Council Bylaws.	Staff to undertake Recommendation 4.4.1.	Staff agrees and may be able to accomplish by due date. Staff further recommends electronic packets be used at EMSC meetings under the Admin EMSC tablet proposal.	start 3/2014; end 7/31/2014
		<b>Goal</b> =Modify Medic One website to add EMS Council and TRPC recommended information	P= ; T= 3 months; <b>Consultant=No</b> ; F=\$?	
<b>Planning</b>				
5.1.1	TC Medic One should compile its existing plans into a single cohesive document that outlines its current course of action. This product should serve as a baseline for a strategic planning process with all system stakeholders.	Staff to undertake Recommendation 5.1.1 providing results to TRPC consultant to coordinate, compile results, stakeholder interests and integrate into a new comprehensive strategic & financial plan.	<b>Scope?</b> Staff could draft comprehensive update of existing documents into a single document as recommended by TRPC and publish in 2014.	start 3/2016; end 8/2016
		<b>Goal</b> =Creation and maintenance of a single comprehensive planning document that describes Thurston County Medic One's mission, policies, budget, service delivery model, system performance, future service levels and strategic initiatives. (Modify/reformat Medic One strategic/business plan to add TRPC recommended information>>create webpage EMSC 3/2014)	P= ; T=5 months; <b>Consultant=No</b> (unless different method to gather stakeholder interests is to be used; F=\$?	
5.1.2	The EMS Council should identify an appropriate planning process and forward a recommendation and planning timeline to the Thurston County Commissioners.	This Steering Committee's recommendations adopted, refined or modified.	<b>Scope (Is intent of this section equivalent to the Steering committee plan?)</b> Staff would recommend prioritization of recommendations and then master calendar of actions with realistic workload/expectations.	start 12/2013; end 6/2016, then annual
		<b>Goal</b> =A process that will lead to a comprehensive Strategic Plan which is essential to guide our evolving system over the next 20 years. (Define implementation details of TRPC recommendation for scope, priority, timelines, consultant work and costs/funds)	P= ; T=12 months; <b>Consultant=No</b> if this is Steering Committee process?; F=\$?	

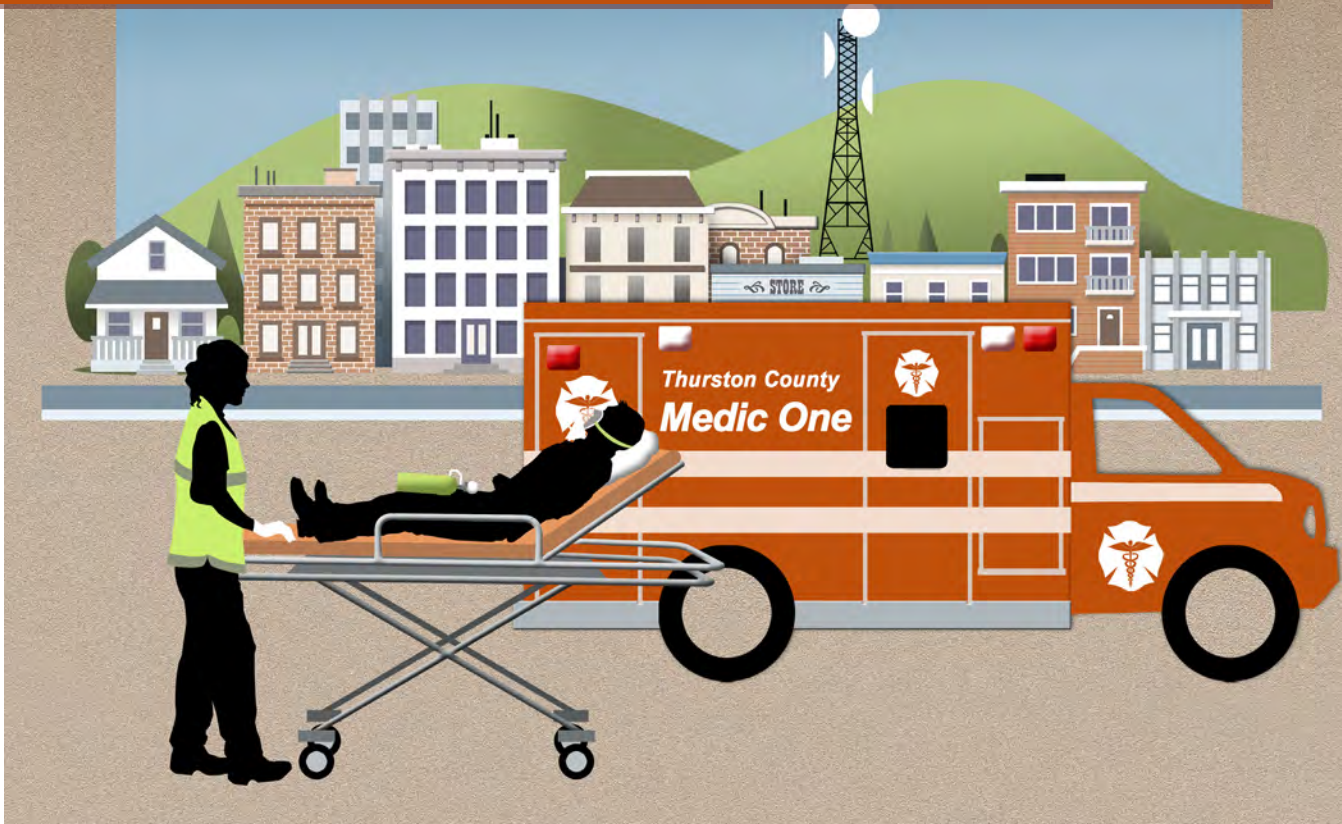
Section	TRPC Recommendation	Steering Committee Recommended Action (G=Goal/measurable outcome?)	Staff comments (S=Scope ?) (P=priority #) (T=estimated Time) (C=Consultant?) (F=\$?Funds)	Start Date/Date Due Steering
5.1.3	TC Medic One should convene a planning process and seek adoption on a preferred alternative prior to running an EMS levy lid lift.	<p>Based on the recommendations of the subcommittees and studies leading to the new strategic plan the EMS Council will define system delivery model, response time goals, system programs, projected system costs and funding alternatives.</p> <p>When the time is appropriate, The EMS Council will recommend to the Board of County Commissioners a course of action. Citizens in Thurston County will be encouraged to organize an independent stakeholders committee to address levy issues.</p>	<b>Scope?</b> Is this to be a planning process different than current? If so, define scope/what?	start 6/2016; end 10/2016 18 Months prior to the Levy Lid Lift vote
		<b>Goal</b> =Thurston County voter support for a fully funded levy. (Develop a planning process with options and recommendation for EMS levy lid lift.)	P= ; T=8-12 months; <b>Consultant</b> =scope dependent ? ; F=\$5-10k?	

Additional staff workload that may impact due dates:

1. Affordable Care Act issues/resolutions
2. TRPC project matrix implementation
3. 40th Medic One Anniversary
4. Community Mobile Medicine
5. ALS contract negotiations
6. BLS SafetyPad implementation project
7. ALS space (in BLS agencies) rental agreement negotiations/renewal
8. EMS Key Performance Indicators (KPI) evaluation/implementation



# Thurston County Emergency Medical Services System Study



**September 18, 2013**

Prepared for the  
Thurston County Emergency Medical  
Services Council

## INTRODUCTION

### Background

In October 2012, the Thurston County Emergency Medical Services Council contracted with the Thurston Regional Planning Council (TRPC) to perform an independent study of the Thurston County Medic One (TC Medic One) Emergency Medical Services System. TRPC was tasked to assess the system and identify issues and opportunities that could enhance the provision of Emergency Medical Services (EMS) for Thurston County. This report is a summary of this study's findings.

Pre-hospital emergency medical service programs are complex. They are bound by federal and state regulations, licensing and certification requirements, medical protocols, labor rules, and collective bargaining agreements overseen by multiple managers. The Thurston region's EMS system is an intricate arrangement between the county, cities, fire districts, TCOMM 9-1-1, private ambulance companies, hospitals, and the public. All these entities serve a variety of roles to deliver EMS services where it is needed. A myriad of independent revenue sources and governing bodies make decisions about all of the various system components. This report describes many of these components.

Adding to the complexity of such a system are apparent long-standing disagreements among system stakeholders and Council members about the budget, the service delivery model, levels of service, decision making processes, and planning needs. There are fears about the sustainability of funding current service levels in the future. Furthermore, there are uncertainties as to how the nation's Affordable Care Act will impact EMS services in the region. This report offers recommendations to help stakeholders overcome some of these challenges.

### Methods

TRPC conducted the study from October 2012 through June 2013. The EMS Council provided TRPC great latitude to learn about the system - its functions, participants, culture, and ways of doing business. TRPC was free to explore a great variety of issues from stakeholders. During the course of the study, TRPC met periodically with an EMS Council subcommittee to discuss the project, so the subcommittee could supply a progress report to the Council.

TRPC staff facilitated two discussions and information gathering activities during the regularly scheduled EMS Council meetings on October 17 and December 19, 2012. These efforts supplied TRPC with an overview of participants' views and the nature of the issues that framed subsequent discussions with stakeholders.

From October 2012 to May 2013, TRPC staff interviewed over 50 individuals from multiple organizations within Thurston County and around the greater Puget Sound Region. The majority of the interviewees are involved in day to day operations of EMS systems in and outside of Thurston County such as Fire Chiefs, TC Medic One staff, the Medical Program Director, EMS providers, and EMS Program Directors. TRPC also interviewed Thurston County Emergency Medical Service Council members, Fire

Commissioners, and other elected representatives. Anyone who expressed interest in sharing their views was provided an opportunity to meet with the principal investigator.

## **Emergency Medical Services Stakeholders Interviewed by TRPC**

### **Elected Representatives and Citizen Appointees**

Kathleen Bostwick, Fire Commissioner, South East Thurston Regional Fire Authority\*

John Christiansen, Fire Commissioner, Lacey Fire District 3

Tom Fell, M.D., Citizen Representative, EMSC\*

Milt Harper, Fire Commissioner, North Olympia Fire and Rescue District 7

Russ Hendrickson, Council Member, City of Yelm – South County Mayors Representative\*

Frank Kirkbride, Fire Commissioner, Lacey Fire District 3\*

Stephen Langer, Council Member, City of Olympia\*

Margaret McPhee, Citizen Representative, Chair, EMSC\*

Dennis McVeigh, Council Member, City of Rainier

Tom Nelson, Fire Commissioner, Lacey Fire District 3

Ken Parsons, Fire Commissioner, South Bay Fire Department (District 8)\*

Dave Ribachi, Citizen Representative, EMSC\*

John Ricks, Fire Commissioner, West Thurston Regional Fire Authority\*

Randy Schleis, Mayor, City of Rainier

Richard Small, Fire Commissioner, South Bay Fire Department (District 8)

Betsy Spath, Council Member, City of Tumwater\*

Karen Valenzuela, County Commissioner, Thurston County District 3\*

Judy Wilson, Fire Commissioner, Lacey Fire District 3

*\*Current or former member of the Thurston County Emergency Medical Services Council (EMSC)*

### **Thurston County Fire Protection and EMS Agency Personnel**

Steve Brooks, Chief, Lacey Fire District 3

Mary Campbell, Branch Director, Olympic Ambulance - Thurston County

John Carpenter, Chief, Tumwater Fire Department

Larry Dibble, Chief, Olympia Fire Department

Kathy Dickson, Division Chief, Lacey Fire District 3

James Fowler, Chief, Bucoda Fire Department

Jim McGarva, Assistant Chief, Tumwater Fire Department

Mark Gregory, Chief, Bald Hills Fire Department (District 17)

Byron Hamilton, Operations Manager, Olympic Ambulance - Thurston County

Ray Harry, Interim Chief, North Olympia Fire and Rescue District 7

Karen Hoffman, Firefighter/Paramedic, Lacey Fire District 3

Russell Kaleiwahea, Chief Administrative Officer, West Thurston Regional Fire Authority (Districts 1 and 11)

Mark King, Chief, South East Thurston Regional Fire Authority (Districts 2 and 4)

Mel Low, Chief, East Olympia Fire District 6

Steve North, Chief, McLane-Black Lake Fire Department (Districts 5 and 9)

John Nunn, Assistant Chief, Griffin Fire Department (District 13)

Gary Pearson, Assistant Chief, Lacey Fire District 3

Andrew Schaffran, Chief, Gibson Valley Fire District 16

Robert Scott, Chief Operations Officer, West Thurston Regional Fire Authority (Districts 1 and 11)

Tina Vanderhoof, Office Administrator, Tenino Fire Department (District 12)

Brian Van Camp, Chief, South Bay Fire Department (District 8)

Wayne Whidden, Captain, Griffin Fire Department (District 13)  
Greg Wright, Deputy Chief, Olympia Fire Department  
John Wood, Chief, Griffin Fire Department (District 13)

**EMS Professionals Outside Thurston County**

Mark Correira, Chair, EMS Section, Washington Fire Chiefs (Assistant Chief, Snohomish Fire District 1)  
John Herbert, Chief, King County Medic One  
Michael Lopez, Director of Washington Emergency Medical Services Division, Washington State Department of Health  
Barb Lovato, Director, Kitsap County EMS Council  
Norma Pancake, EMS Coordinator, Pierce County  
Randy Vanderheiden, Director, Whatcom Medic One  
Jim Walkowski, Chief, Riverside Fire Authority (Lewis County)

**Thurston County Staff**

Anna Lee Drewry, Basic Life Support Training Coordinator, TC Medic One  
Fay Flanery, Office Manager, TC Medic One  
Larry Fontanilla, M.D., Thurston County Emergency Medical Program Director  
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Don Krupp, County Manager, Thurston County  
Alan Provencher, Purchasing Agent/Public Education Coordinator, TC Medic One  
Steve Romines, Director, TC Medic One  
Pete Suver, Advanced Life Support Coordinator, TC Medic One

During the study, TRPC performed an extensive review of documents, information, and data. The principal investigator reviewed reports, plans, budgets, meeting minutes, and data principally from TC Medic One, fire service agencies, and the State Department of Health. TRPC also collected EMS system plans and studies from neighboring EMS systems, studied state laws and regulations, and analyzed a small collection of peer reviewed emergency medical journal articles that are germane to the issues identified throughout the course of the study. In addition, system participants offered unsolicited information that they believed was relevant to the study. TRPC also performed an independent analysis of Advanced Life Support (ALS) data for the entire county, and compiled a simplified EMS incident forecast from the present to 2035.

**Findings**

The findings are categorized into five sections:

1. Funding
2. Emergency Medical Services Delivery Model
3. System Performance
4. Governance
5. Planning

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Each section includes an introductory narrative followed by observations that are characterized as system strengths or challenges and are formatted throughout the report as follows:

**Strength Observations:** *are numbered and highlighted in green.*

**Challenge Observations:** *are numbered and highlighted in red.*

**Recommendations are numbered and shown in bold** following the related observation. They are included for both strengths and challenges where appropriate.

## EXECUTIVE SUMMARY—FINDINGS

### 1. Funding

#### STRENGTHS

**1.1 Observation:** *TC Medic One operates the region’s public EMS system with a single permanent countywide EMS property tax levy that finances the vast majority of its services and functions.*

**1.2 Observation:** *Nearly 90 percent of TC Medic One’s budget is programmed for operations, training, EMS support and public education. Less than 5 percent is used for administration, and the remaining is for equipment repair and replacement.*

**1.3 Observation:** *TC Medic One expanded countywide EMS levels of service through the region’s worst economic recession since the program was created.*

**1.4 Observation:** *The ALS contract agencies provide a 20 percent match for ALS personnel costs when operating within their jurisdiction.*

#### Recommendation

**1.4.1** TC Medic One staff and the ALS contract agencies should closely monitor system costs, maintain a dialog, and develop a long-term strategy to manage EMS provider personnel costs.

**1.5 Observation:** *The TC Medic One System does not rely on user fees for system operation. Patients are not charged for ALS transport services.*

**1.6 Observation:** *TC Medic One provides a fair and equitable distribution of EMS levy revenues and support services to all fire service agencies in the county based on service demand.*

#### CHALLENGES

**1.7 Observation:** *Expenditures are exceeding revenues. As of 2011, the County EMS Levy rate is insufficient to generate the revenue necessary to fund TC Medic One’s projected expenditures.*

#### Recommendation

**1.7.1** To help meet rising expenditures, a levy lid lift campaign to restore the original levy rate should be pursued before 2017.

**1.8 Observation:** *TC Medic One lacks a clear budget policy on the establishment, maintenance, funding level, and use of a reserve account for contingency operations and expenditures.*

#### Recommendation

**1.8.1** The EMS Council should consider establishing a long-term contingency reserve account.

**1.9 Observation:** *Fire Protection District operations are challenged by diminishing revenues. The risk of EMS service degradation in rural communities could threaten the efficacy of the TC Medic One program.*

#### Recommendation

**1.9.1** The region’s EMS participants should develop a countywide framework for evaluating present and future BLS demand and service capacity to better understand the overall financial and operational impacts to the EMS system.

**1.10 Observation:** *There is disagreement among stakeholders about the flexibility of the EMS levy to serve TC Medic One and multiple taxing districts.*

**Recommendations**

**1.10.1** The EMS Council should establish clear funding priorities for TC Medic One programs.

**1.10.2** Should state legislation ever increase the levy rate limit, the EMS Council, TC Medic One staff, and the fire service agencies should convene discussions on negotiating a potential levy-sharing strategy.

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## 2. Emergency Medical Services System Delivery Model

### STRENGTHS

**2.1 Observation:** *TC Medic One is a regional centralized EMS program that delivers a standardized high level of emergency medical care to anyone, anywhere, at any time throughout Thurston County.*

**2.2 Observation:** *System wide, TC Medic One ALS units are staffed with two paramedics. This configuration arguably provides a superior level of medical care at the unit level and an overall increase in countywide ALS system readiness.*

#### Recommendation

**2.2.1** TC Medic One should continue exploring and testing a supplemental EMS unit configuration as an intermediate to the standard two-paramedic unit. For example, enabling Advanced EMTs to serve the system in more rural fire districts could improve patient outcomes in areas with longer ALS response time intervals.

**2.3 Observation:** *Every community in the region stands to benefit from being part of the TC Medic One system.*

**2.4 Observation:** *TC Medic One staff provides a comprehensive range of administrative and support service functions that strengthen EMS service delivery.*

**2.5 Observation:** *TC Medic One's provision of initial BLS training, continuing education, in-service paramedic training, and EMS quality assurance activities establish a high standard of first responder EMS care throughout the system that improves patient outcomes.*

### CHALLENGES

**2.6 Observation:** *The nature of ALS services delivery through contract agencies creates discontent and mistrust among some of the system's stakeholders.*

#### Recommendation

**2.6.1** TC Medic One system stakeholders should visit the office of King County Medic One to learn about their system. A series of similar site visits to other neighboring EMS systems could offer local participants with valuable insight as to how Thurston County could improve its system.



### 3. System Performance

#### STRENGTHS

**3.1 Observation:** *When people dial 9-1-1 for help, the EMS system responds: it saves lives and assists and transports people who are seriously sick or injured.*

##### Recommendation

**3.1.1** Beyond the traditional benchmarking focus on cardiac arrest survival rates and response time interval performance, TC Medic One staff in consultation with the Medical Program Director, should continue considering, evaluating, and implementing other appropriate metrics to measure the system's prehospital emergency medical and trauma care across the entire county.

**3.2 Observation:** *Three agencies provide ALS service countywide, regardless of what jurisdiction a call comes from. Any upgrade to an existing medic unit or the formation of a new unit, regardless of its principal duty location, is an upgrade to the entire county's EMS system.*

**3.3 Observation:** *The system currently has ample response capacity to fulfill ALS service demands for the next several years.*

**3.4 Observation:** *ALS response time intervals are well within the State's and TC Medic One's adopted level of service goals countywide.*

##### Recommendation

**3.4.1** TC County Medic One has quality response time data that should be presented, when appropriate, in a format that is accessible and readily understood by a broader audience.

#### CHALLENGES

**3.5 Observation:** *More work is necessary to standardize the capture, retrieval, and dissemination of EMS data throughout the system, particularly for BLS response activity data.*

##### Recommendations

**3.5.1** TC Medic One should take a lead role to foster greater EMS data interoperability and information exchange.

**3.5.2** TC Medic One should coordinate with fire service agencies to develop agreed upon comprehensive EMS service demand projections for system planning.

## 4. Governance

### STRENGTHS

**4.1 Observation:** *Policy makers, staff, and stakeholders care about the system.*

### CHALLENGES

**4.2 Observation:** *Some EMS Council members have expressed feelings of mistrust, frustration, and dissatisfaction over recent decision making processes of the TC Medic One system.*

**Recommendation**

**4.2.1** The EMS Council should identify deliberate activities to foster trust among members, learn each other's strengths, and celebrate the Council's successes.

**4.3 Observation:** *Rural stakeholders have expressed frustration that the composition of the EMS Council is biased toward the urban communities.*

**Recommendation**

**4.3.1** The EMS Council should review Article IV. Composition and Membership of the Bylaws to consider amending the membership to:

1. Include the City of Lacey
2. Add a fourth Citizen-at-Large Physician to eliminate potential appointment conflicts with existing Citizen-at-Large members

**4.3.2** Encourage the Thurston County Commissioners to expand Citizen-at-Large outreach efforts to fill positions with members from rural county communities.

**4.4 Observation:** *Information about the proceedings of the EMS Council is not readily available to the public.*

**Recommendation**

**4.4.1** TC Medic One staff should post and update the following content on its website in an easily accessible format: EMS Council meeting schedule, a list of EMS Council members, meeting agendas, minutes, TC Medic One Budget, and EMS Council Bylaws.

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## 5. Planning

### CHALLENGES

**5.1 Observation:** *TC Medic One does not have a single comprehensive planning document that describes its mission, policies, budget, service delivery model, system performance, future service levels, and strategic initiatives.*



#### Recommendations

**5.1.1** TC Medic One should compile its existing plans into a single cohesive document that outlines its current course of action. This product should serve as a baseline for a strategic planning process with all system stakeholders.


**5.1.2** The EMS Council should identify an appropriate planning process and forward a recommendation and planning timeline to the Thurston County Commissioners.





**5.1.3** TC Medic One should convene a planning process and seek adoption on a preferred alternative prior to running an EMS levy lid lift.

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From:  "Brooks, Steve" <sbrooks@laceyfire.com> 7/7/2014 4:12:3... 

Subject: Medic Unit Station Base Location Change Notification

To:  **Steve Romines - TCM1**

Cc:  pete\_suver@medic-one.thurston.wa.us  
 "Christiansen, Alex" <achristians@laceyfire.com>  
 "Pearson, Gary" <gpearson@laceyfire.com>  
 "Brooks, Steve" <sbrooks@laceyfire.com>

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Hi Steve,

In accordance with Exhibit A, Section I., "Service Area", we are providing Medic One the required six-month notification of our intent to evaluate a move of Medic 3 from its current base at Station 3-1 to Station 3-3 at 6500 Mullen Rd. SE on or about January 7, 2015. Over the next six months, we would like to work with you and Medic One staff to evaluate the system impacts of this potential adjustment to determine the anticipated benefits and trade-offs of such a move.

Let me know if you have any questions and we will look forward to discussing this further with you in the months ahead.

***Steve Brooks***

Lacey Fire District 3

Office: (360) 528-2318

Mobile: (360) 239-8593

Fax: (360) 491-2806

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